

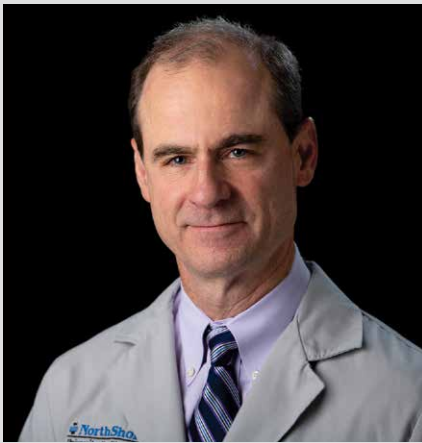


Kellogg Cancer Center

PERSONALIZED MEDICINE
Precision Cancer Care

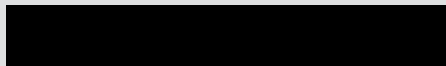


Dr. Bruce Brockstein



Dr. David J. Winchester

An institution-wide focus on personalized medicine has furthered Kellogg Cancer Center's role as a leader in cancer prevention, early detection and advanced treatment.



Personalized Medicine | Precision Cancer Care

At NorthShore University HealthSystem (NorthShore) Kellogg Cancer Center, personalized patient care is our top priority. Our collaborative teams of experts provide comprehensive, compassionate care to each individual patient.

We use the most sophisticated genomic and tumor analysis to help develop personalized treatment plans with therapy directed at personal tumor characteristics. Kellogg Cancer Center has been at the forefront of immunotherapy, and we remain focused on this quickly evolving field bringing new therapies and hope to patients. We are expanding our in-house tumor gene sequencing capabilities, and exciting plans are in the works to launch a new, transformative immunotherapy program in the coming months, further enhancing our commitment to provide the best possible patient outcomes. Participation in a broad array of clinical trials ensures that our patients have access to the most promising new therapies, right here. Our academic affiliation with the University of Chicago Pritzker School of Medicine and our alliance with the Mayo Clinic increases our knowledge and support to deliver optimal care for cancer patients.

NorthShore continues to invest in technology including robotic devices, important for precise removal of hard-to-reach head and neck tumors and to minimize postoperative pain and recovery times for patients undergoing hepatobiliary, gastric, rectal, urologic and gynecologic surgery. NorthShore has also maintained its commitment to recruit top physician talent such as Melissa Hogg, MD, a nationally recognized expert in robotic pancreatic surgery, hematologist Jason Kaplan, MD, and oncologist Nicklas Pfanzelzer, MD.

NorthShore is certified by the American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI) as a premier medical provider for practicing the highest standards of quality cancer care. The Commission on Cancer has continuously accredited NorthShore as an Academic Comprehensive Cancer Program since 1981. NorthShore was named a "High-Performing Site" by the National Cancer Institute's National Clinical Trials Network (NCTN) reflecting our patient accrual, site participation and data quality. Pioneering research initiatives play an important role at Kellogg Cancer Center, supporting today's clinical care and paving the way for better prevention and treatment options for future generations. While we are proud of these and other formal awards, we are most gratified by successful patient outcomes.

We invite you to learn more about the highlights of Kellogg Cancer Center's personalized medicine approach with our Annual Report. We are grateful to our generous donors whose philanthropic support helps ensure comprehensive care for patients and their families throughout their cancer journey.

Bruce Brockstein, MD
Medical Director
NorthShore Kellogg Cancer Center
Head, Division of Hematology/Oncology
Kellogg-Scanlon Chair of Oncology

David J. Winchester, MD
Chairman, NorthShore Cancer Committee
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NorthShore Kellogg Cancer Center
Board of Directors, David P. Winchester, MD,
Chair of Surgical Oncology



Leaders in Advanced Cancer Treatment



NorthShore has been ahead of national trends in research and clinical use of novel lifesaving therapies, including genomic advances and immunotherapy agents. NorthShore leaders—including (from left) Dr. Janardan Khandekar, Director for Innovation and Education, Center for Personalized Medicine; Dr. Linda Sabatini, Director of Molecular Pathology; and Dr. Robert Marsh, Leader, Molecular Oncology Tumor Board—ensure that Kellogg Cancer Center patients receive the most sophisticated testing and treatments.

Personalized Medicine

Kellogg Cancer Center is recognized for its excellence in cancer care and research, work that is enhanced by a distinguished faculty, advanced Electronic Medical Record (EMR) system, vast biospecimen repository and a commitment to staying ahead of the curve with the latest treatment options.

Never has this been more evident than in our early embrace of personalized medicine and the power of immunotherapy.

The first clinical use of immunotherapy at Kellogg Cancer Center was for metastatic melanoma in 2011. Today, up to 50 percent of patients with metastatic melanoma can expect long-term remission with immunotherapy; in years past, that number was close to zero. Today, 15 to 20 percent of lung cancer patients see long-term remission with immunotherapy, and we expect that number to continue to grow. More than 20 percent of all Kellogg Cancer Center patients will be treated with immunotherapy by 2020.

NorthShore is now implementing a comprehensive, multidisciplinary immunotherapy program, with recruiting underway for a program director and lead researcher. The sophisticated Kellogg Cancer Center program will provide a growing range of groundbreaking treatment options, and will support critical translational and clinical research. Expanded support services for patients will also be implemented.

The new program will build on the foundation already in place, including extensive research, internal and external education, and financial advocacy.

Personalized Cancer Care

NorthShore's Program for Personalized Cancer Care is dedicated to individualizing care from enhanced prevention and screening for those at higher risk to customized treatment modalities based on individual and tumor genomics. Superior resources and systemwide collaboration enable our commitment to deliver personalized cancer care.

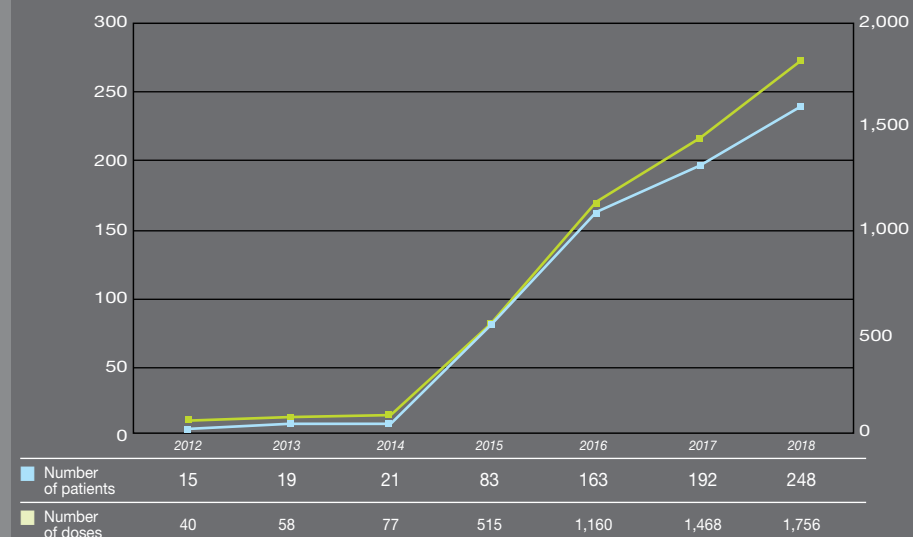
Our on-site molecular and surgical pathologists use next-generation sequencing to analyze tumors at a genetic level, with a rapid clinical turnaround time. NorthShore's Molecular Pathology Laboratory led by Linda Sabatini, PhD, was one of the first and most sophisticated of its kind, and remains a leader in genomic testing and analysis. Dr. Sabatini has developed a

next-generation DNA sequencing assay to test for genomic alterations in (plasma) liquid biopsies of pancreatic cancer patients and reported preliminary findings at a national meeting. Plans are in the works to leverage those findings and develop a liquid biopsy test for men with advanced prostate cancer.

Complex cases are presented at Kellogg Cancer Center's regular molecular oncology tumor board meetings led by oncologist Robert Marsh, MD.

Our Center for Medical Genetics is one of the busiest clinical services of its kind in the country. It offers the latest technologies and risk-assessment tools and works collaboratively with our oncology specialists.

Immunotherapy Total Number of Patients and Doses



Lifesaving Immunotherapy Clinical Trial

When Charmaine Streidl had surgery in 2013 for her first recurrence of cancer at the base of her tongue, she did not expect to survive. It was a more aggressive recurrence of the oropharyngeal cancer she had been treated for two years earlier.

But thanks to NorthShore’s Mihir Bhayani, MD, an expert in head and neck cancer surgery, and medical oncologist Nicholas Campbell, MD, Streidl not only survived a complex surgical procedure followed by chemotherapy and radiation, she is still going strong five years later.

After a second recurrence, Stredil has been on an experimental immunotherapy drug for close to three years, available through an advanced clinical trial at Kellogg Cancer Center. The 77-year-old Chicago resident receives an infusion at NorthShore Evanston Hospital every two weeks and has become like family to her Kellogg Cancer Center clinical team.

“I feel just fine, and I am so happy to be alive,” said Streidl. “I cannot complain about a thing.”

When Streidl began the clinical trial, her only other option was hospice care, said Dr. Campbell. While clinical trials demand significant organizational resources and time, they can be lifesaving.

“This is exactly why we do clinical trials here; all of this effort is meant for people like Charmaine, so they have access to cutting-edge therapies right here and don’t have to go elsewhere. Not everyone will benefit from a clinical trial, but we’re helping find new drugs to give Charmaine and others like her hope and extra time,” said Dr. Campbell.

“At first, I wasn’t sure I wanted to do the infusions, but [research nurse] Clancy Fine explained everything to me and I realized it was really my only option,” said Streidl. “I’ve had no side effects, and I’m healthy otherwise.”

Streidl takes daily walks and enjoys the company of her neighbors and friends. She never fails to greet everyone at Kellogg Cancer Center, remembering to inquire about their children, progress in school and other personal details she has committed to memory over the years.

“I love everybody at Kellogg, and I wish I had a million dollars to donate,” said Streidl. “Dr. Campbell is a wonderful man, and I will never forget Dr. Bhayani. I say a prayer for all of them—doctors, nurses, infusion techs—every day. One person is better than the next.”

The promise of immunotherapy continues to grow as there are indications every few months of new immunotherapy medications working for different cancers, explained Dr. Campbell. When Streidl was diagnosed with the recurrent cancer, there were no immunotherapy options available for her.

“We continue to offer more trials here and enroll as many patients as we can so that they have the opportunity and hopefully the results that Charmaine has enjoyed,” added Dr. Campbell.

NorthShore leads and participates in a large portfolio of clinical trials aimed at developing better prevention, detection and treatment options. Current trials are listed beginning on page 14.



Charmaine Streidl (center) is one of many Kellogg Cancer Center patients benefiting from a range of clinical trials. She is grateful to her care team, who has become like family to her, including (from left) Research Nurse Clancy Fine, Dr. Nicholas Campbell and Nurse Laura Lenski.

Critical Expertise in Cancer Care

Breast Cancer Program

NorthShore’s multidisciplinary breast program provides comprehensive care and services to patients with breast cancer. Kellogg Cancer Center’s Breast Cancer Program received accreditation by the American College of Surgeons’ National Accreditation Program for Breast Centers (NAPBC) again in 2018.

The breast surgery team successfully implemented an Enhanced Recovery After Surgery (ERAS) protocol for mastectomy with reconstruction patients, which has significantly decreased narcotic usage in our patients (see more details on page 13). Director of Breast Oncoplastic Surgery Katherine Kopkash, MD, developed an oncoplastic breast surgery workshop to teach new oncoplastic techniques. The program was well-attended by both NorthShore and University of Chicago breast surgeons. Oncoplastic surgery focuses on both the best clinical and aesthetic outcomes for patients.

Major recruitments include a new plastic and reconstructive surgeon Akhil Seth, MD, who completed his residency at Harvard and fellowship at Memorial Sloan Kettering Cancer Center. Medical oncologist Allison DePersia, MD, completed her training at the University of Chicago and focuses on cancer risk. She leads the high-risk breast program, which offers patients a personalized risk assessment and evaluation and guidance for appropriate screening and prevention techniques.

Over the last year, a robust clinical trials program in breast oncology was created under the direction of Poornima Saha, MD. We have continued our partnership with the University of Chicago, as well as opened multiple national and international clinical trials ranging from targeted therapy to immunotherapy for breast cancer, allowing patients access to the latest options.

Multiple surgery focused clinical trials have also been launched including COMET (observation of DCIS), MarginProbe (an industry-sponsored device trial that intraoperatively evaluates margins), and surgical ergonomics (assessing ergonomic workload of nipple-sparing mastectomies), which received a NorthShore Auxiliary Award for breast cancer research. Translational research projects underway include a study led by anatomic pathologist Megan Sullivan, MD, investigating the use of cell-free DNA in breast cancer patients.

The Kellogg Cancer Center Breast Cancer Program is now offering the Paxman scalp cooling system for patients with breast cancer to reduce the likelihood of chemotherapy-induced hair loss. This advanced technology will help minimize one of the most emotionally difficult aspects of cancer treatment for our patients.

Prostate/Genitourinary Program

The Prostate/Genitourinary Oncology Program saw a 5 percent increase in the number of new patients over the previous year. The program in collaboration with Ambry Genetics launched a new commercially available genetic test to evaluate prostate cancer risk. Genetic testing can help guide screening and treatment decisions



Breast Oncology Nurse Navigator Beth Weigel (left) and Dr. Katherine Kopkash, Director of Breast Oncoplastic Surgery

for patients diagnosed with prostate cancer, including the choice of active surveillance without initial therapy. Test results can also help determine when to initiate screening and can identify men with advanced disease that may respond to specific chemotherapies.

The “Prostate Next” test includes a panel of 14 highly penetrant genes, including BRCA1, BRCA2 and ATM. It also includes AmbryScore-Prostate, which is a novel test developed by NorthShore to evaluate common risk factors for prostate cancer.

We continue to have the largest active surveillance program in the Midwest as surveillance remains a viable option for men with low-risk prostate cancer.

A new prostate cancer Enhanced Recovery After Surgery (ERAS) protocol has been initiated to ensure standardization of care and a continued decrease in the length of stay and pain after surgery.

A robust research portfolio offers our patients access to the latest clinical trials. The ENACT study, a randomized study of men with localized low-risk disease who are taking enzalutamide, is currently underway. We are initiating the “ProVent” Study to assess the effectiveness of Sipuleucel-T immunotherapy (PROVENGE) for men with low-risk or low-volume intermediate risk prostate cancer who are pursuing active surveillance.

We are participating in ongoing familial studies aimed at identifying genetic variants that predispose to aggressive disease as part of studies led by the International Consortium for Prostate Cancer Genetics. NorthShore’s team is involved in other national and international studies as well, including a National Cancer Institute Specialized Programs of Research Excellence (SPORE) project with

Northwestern University. Daniel Shevrin, MD, is director of the Patient Advocacy Program of Northwestern's SPORE.

Our program is an active participant in the TRUMPET study, a national prospective observational cohort study of men with advanced prostate cancer with Dr. Shevrin serving as a member of the TRUMPET advisory board.

We are continuing to enroll patients in numerous trials, including the NorthShore-led MOSAIC-P trial, testing mindfulness online in men with advanced cancer; a University of Chicago based trial of enzalutamide/mifepristone for advanced prostate cancer; and the AFT-19 trial testing aggressive hormone therapy in men with PSA-recurrent prostate cancer.

NorthShore is initiating development of a liquid biopsy test to determine the genomic profile in men with advanced prostate cancer to guide treatment decision. The project is funded primarily by a philanthropic gift from the Ellis Goodman Family Foundation.

Kellogg Cancer Center promotes ongoing patient support, hosting monthly Us TOO prostate cancer support meetings.

Our Bladder Cancer Program completed a study in collaboration with the Genomic Health Initiative aimed at identifying biomarkers that are associated with bladder cancer progression. Nationally recognized expert Norm Smith, MD, was recruited to join the team and will help establish a center of excellence in bladder cancer. Dr. Smith serves on the Cancer Advocacy Network and Bladder Cancer Think Tank Scientific Advisory Board. In addition, Nicklas Pfanzer, MD, a nationally recognized expert in genitourinary oncology, joined the NorthShore team this year.

A new Institutional Review Board (IRB)-approved active surveillance kidney cancer program will observe outcomes and identify factors associated with disease progression in men with small kidney masses less than 4 cm in size.

Gastrointestinal Oncology

COLORECTAL CANCER PROGRAM

Kellogg Cancer Center's multidisciplinary team leverages collective expertise and the latest technology to offer individually focused treatment to patients with colorectal cancer. Our collaborative approach ensures outstanding care for unusual or complex cases with multidisciplinary clinics at both NorthShore Evanston and Glenbrook Hospitals with experts from gastroenterology, medical oncology and surgery all in one location.

Our Kellogg Cancer Center team is a leader in minimally invasive surgical techniques. NorthShore surgeons perform laparoscopic procedures on most patients. We are one of only a few centers in the Chicago area using minimally invasive and robotic approaches to manage pancreatic cancer as well as liver resections in patients with colorectal cancer.

Our experienced surgeons continue to push the boundaries of innovative technology, including scarless, or transanal and transoral



Oncologist Dr. Marisa Hill talks to a patient about neoadjuvant chemotherapy for gastrointestinal cancer given before surgery to shrink tumors.



procedures. We are one of the first centers in the Chicago area to offer robotic transanal surgery as well as endoscopic submucosal dissection for polyps with early cancer changes.

Interventional Radiology offers a full spectrum of therapeutic interventions, including embolization of tumor vasculature, radiofrequency ablation and Yttrium-90 perfusion of the liver. These minimally invasive techniques add to the multimodality approaches and supplant more invasive therapies in many patients. Radiation therapy and nuclear medicine are able to offer all of the latest techniques, including stereotactic body radiation therapy and targeted radioactive particle infusion.

Medical Oncology staff members approach each patient individually to develop effective, personalized therapy focused on molecular-based treatment. As a routine, multidisciplinary reviews of individual patient care plans are performed prior to initiating therapy, ensuring that all the most applicable options are implemented.

Patients with rectal cancer may be considered for total neoadjuvant treatment, an innovative approach with delivery of all chemotherapy and radiation prior to surgery, achieving better treatment tolerance, higher response rates and shorter ostomy times.

Our program continues to emphasize prevention and early detection with a high-risk colorectal cancer screening program. Specialists in medical genetics meet with patients and families and help coordinate personalized screening plans based on individual medical and family history. A special Women's GI Cancer Risk and Prevention Center counsels women to assess individual risk and offers personalized risk-reduction strategies, including lifestyle modifications.

Innovative research is a key component of our GI program. We participate in a number of national and international studies, ensuring that our patients have access to the latest research and novel treatment options. Our collaboration with our academic partner, the University of Chicago Pritzker School of Medicine, significantly enhances our research efforts and facilitates access to an even broader range of studies.

HEPATOPANCREATOBILIARY PROGRAM

The Hepatopancreatobiliary (HPB) Program provides minimally invasive procedures for malignant and benign liver and pancreas disease using the robotic surgery platform and continues to draw a growing number of patients. With the recruitment of Melissa Hogg, MD, an expert in robotic oncologic and hepatopancreatobiliary surgery, we expect continued growth of these surgeries. This modality improves the quality of lives and survival for our patients by requiring shorter hospital stays and fewer narcotics, and increasing the likelihood and tolerance of postoperative adjuvant chemotherapy and radiation.

Ensuring that patients receive treatment based on national guidelines is vital for optimized survival. A crucial aspect of our program is the HPB multidisciplinary conference attended by specialists from diagnostic and interventional radiology, pathology, oncology, gastroenterology, hepatology and surgery, that meets weekly to discuss specialized treatment plans for patients with complex hepatic and pancreatic disease. This format ensures that patients are considered for all multidisciplinary opinions and nurse navigators assist to streamline care between disciplines.

Assessment of every patient's unique biology, maximizing in-house pathologic testing and molecular analysis, as well as external tumor panels, has facilitated a personalized medicine approach into treatment planning and research participation. Research nurses attend tumor board meetings and help maximize accrual for trials at NorthShore and the University of Chicago. The nurses also track patients' perioperative and oncologic outcomes to ensure high standards of quality and compliance. Our physician-scientists are involved both locally and nationally in groups and societies to discuss cutting-edge research. Our team is active in the publication of a number of important studies.

Gynecologic Oncology

The Division of Gynecologic Oncology has been at the forefront of progress in improving outcomes for women with gynecologic cancers, supporting an aggressive clinical and research program aimed at prevention, early detection, improved treatment and survivorship for ovarian, uterine and other women's cancers. Led by Gustavo Rodriguez, MD, Matthews Family Chair of Gynecologic Oncology Research, the Division brings together a collaborative team that employs a multidisciplinary approach to treating women with malignant or premalignant conditions of the gynecologic tract.

Patients benefit from the collaborative care and the combined experience of gynecological oncologists, geneticists, radiologists, radiation oncologists, pathologists and critical support services, including psychosocial oncology, integrative medicine and nutrition. We leverage the latest technology and innovative techniques with robotic surgery and other minimally invasive procedures through our minimally invasive program, which is among the most active in gynecologic oncology in the nation.

The outstanding quality of care provided by the Division has been recognized consistently by third parties, including Press Ganey.

Our palliative care initiatives are being spearheaded by Elena Moore, MD, in collaboration with the NorthShore palliative care and hospice teams. This has included both clinical initiatives as well as research, as we seek to mitigate the toxicities and treatment side effects, and symptoms associated gynecologic cancer. Dr. Moore is the principal investigator of a study evaluating the impact on quality of life and survival of early involvement of the palliative care team in the care of women with gynecologic cancers.



Dr. Carolyn Kirschner leads an important new Cancer Survivorship Program for gynecologic oncology patients, helping to enhance quality of life for our patients and their families.



A major emphasis is our robust Cancer Survivorship Program, a resource specifically designed for gynecologic oncology patients directed by Carolyn Kirschner, MD. The goal of the program is to enhance the quality of life of our patients and their families by helping them address and overcome the many physical, psychological, social and economic challenges associated with the treatment of gynecologic cancers.

Mary Tilley Jenkins Vogel, MD, leads clinical studies with a focus on pharmacologic prevention of endometrial cancer and is overseeing quality improvement initiatives for the Division.

Conducting an array of important clinical trials ensures that our patients have access to the latest treatment options for women's cancers. These include industry-sponsored clinical trials, as well as projects with the National Cancer Institute-funded NRG, formed as an amalgamation of the National Surgical Adjuvant Breast and Bowel Project (NSABP), Radiation Therapy Oncology Group (RTOG) and Gynecologic Oncology Group (GOG). Important clinical trials open this year include studies evaluating the new classes of "PARP inhibitors" and immunotherapeutic agents for women with recurrent ovarian cancer.

Cancer prevention is a major clinical and research focus of the Division. Dr. Rodriguez and his team have made important discoveries that are opening the door toward the pharmacologic prevention of ovarian and uterine cancer. A five-year NIH R01 grant was awarded to the program this year to fund research aimed at developing an effective pharmacologic approach to prevent ovarian and fallopian tube cancer.

Building on the significant success of Dr. Rodriguez's research—which is generously supported by Bears Care, the charitable beneficiary of the Chicago Bears, The Auxiliary of NorthShore University HealthSystem, Sandy and Ron Schutz, and other grateful patients—the Clinical Gynecologic Cancer Prevention Program at NorthShore includes risk assessment and evaluation, followed by individualized pharmacologic and surgical strategies for cancer preventive care. Many women in our community have an increased genetic-based risk for both breast and gynecologic cancer, making a personalized approach to cancer prevention and treatment critical.

The Division is collaborating with partners at the University of Chicago Pritzker School of Medicine via joint oversight of a prestigious gynecologic oncology fellowship training program awarded by the American College of Obstetricians and Gynecologists.

Thoracic Oncology Program

These are exciting times in thoracic oncology as a new array of treatments are rapidly being developed that are showing tremendous benefits for our patients. NorthShore has been part of the development of these new protocols and continues to be a leader in their implementation. Among the highlights are development of a robotic surgery program; improved, on-site rapid molecular testing; expansion of immunotherapy and the participation and leadership of national immunotherapy trials; and the development of a more robust clinical outcomes research program. Our program features a dedicated multidisciplinary team of surgeons, medical oncologists, nurses and physician assistants.

Long a leader in minimally invasive approaches to thoracic cancers, NorthShore now has a fully implemented robotic assisted thoracic surgery program. The robotic platform provides 3D visualization and finer, more precise instrument control, allowing our surgeons

to offer a minimally invasive approach for more patients with increasingly complex cancers. This has led to better outcomes with less pain and shorter length of stay.

Our medical oncology program remains a leader in novel treatments. The thoracic oncology team continues to expand the immunotherapy program and is working collaboratively across Kellogg Cancer Center to develop a systemwide program. We have developed an on-site rapid molecular testing program of patients' tumors, which allows us to quickly identify those who would most benefit from these therapies.

The thoracic oncology research program continues to grow. Using our robust clinical database and associated biobank, and in collaboration with the NorthShore Research Institute, we are gaining new insights into inherited cancer risk and how a patient's genetic history can affect whether or not their cancer responds to various therapies. We continue to participate in numerous clinical trials. Led by Thomas Hensing, MD, NorthShore was the lead site in a multi-center trial evaluating the timing of immunotherapy in patients with advanced non-small cell lung cancer. We continue to use national databases to perform important clinical research that has been published in numerous peer-reviewed journals.

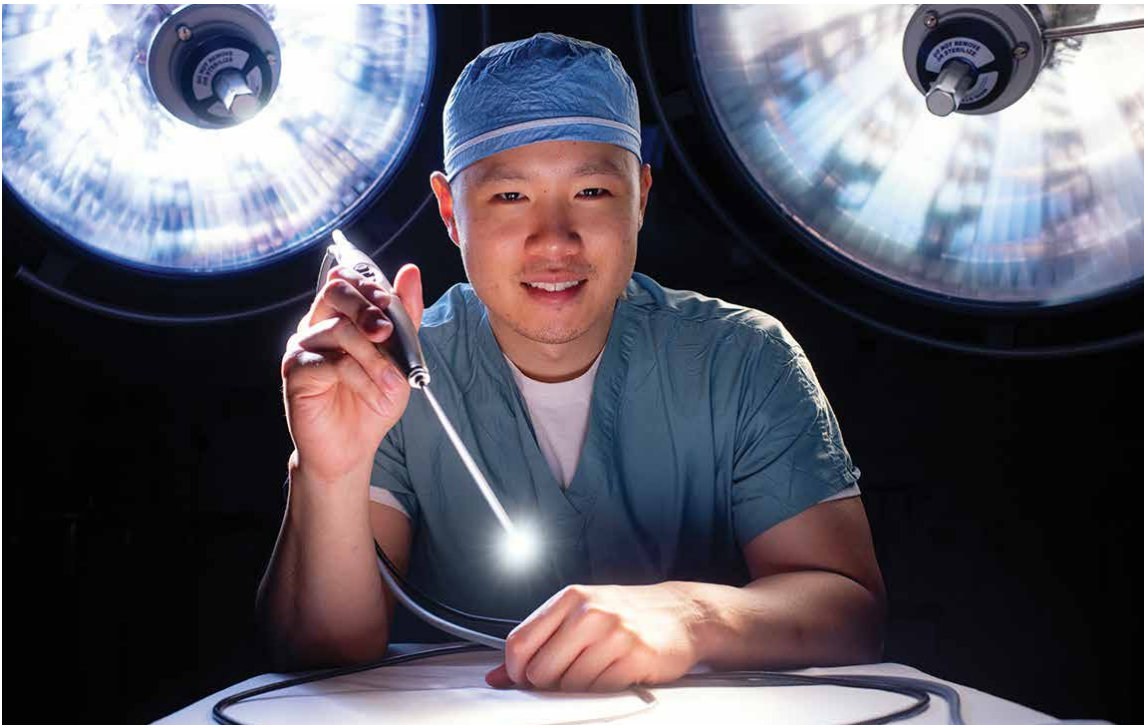
Neuro-Oncology Program

Our multidisciplinary Neuro-Oncology Program brings together recognized experts in medical oncology, neurosurgery, radiation oncology, neuroradiology and neuropathology dedicated to comprehensive care of patients with all types of brain and spine tumors and neurological complications of cancer.

Leaders in the field of minimally invasive brain surgery, our Neurosurgery Department led by Julian Bailes, MD, Arlene and Marshall Bennett and Joseph A. Tarkington, MD, Chair of



Dr. Julian Bailes, Chairman, Department of Neurosurgery, is a nationally recognized expert in minimally invasive brain surgery. NorthShore is the only Chicago area program offering advanced surgical tools that combine real-time imaging, navigation, advanced optics and robotic positioning designed to reduce surgical time and improve patient outcomes.



Neurosurgeon Dr. Ricky Wong provides minimally invasive skull base endoscopic and surgical expertise, offering exceptional treatment for patients with pituitary and skull base tumors.

Neurosurgery, uses an array of the most advanced surgical technology. NorthShore is the only program in Chicago to offer Synaptive BrightMatter™ Servo Solution, a robotic technology that improves access, precision and visualization. Synaptive's groundbreaking technology combined with NICO BrainPath Surgical Theater (which enables 3D representations of individual tumors) is transforming how we access tumors previously deemed inoperable. Ricky Wong, MD, leads our endoscopic skull base surgery program pioneering minimally invasive approaches to treat pituitary and skull base tumors.

Neuro-Oncology Program Director Ryan Merrell, MD, leads a robust clinical trials program, offering patients access to promising new therapies including many national and industry-sponsored trials for glioblastoma, the most common primary brain tumor in adults. Another glioma trial features a basic science research collaboration with the University of Chicago.

The program offers the full range of radiotherapy options, including stereotactic radiosurgery, standard external beam radiation therapy and intensity-modulated radiation therapy.

Our team is nationally recognized and publishes studies including a recent look at growth rates in meningiomas and efforts to identify variables that predict tumor growth rates.

Dr. Merrell is involved with the Chicago-based BrainUp, a non-profit organization dedicated to building awareness and fundraising for brain tumor research. Our program also continues to partner with the Michael Matters Foundation, where Dr. Merrell serves as a board member.

NorthShore hosts a monthly support group for brain tumor patients and caregivers, bringing in visiting speakers in a compassionate forum.

Melanoma and Other Skin Cancers

NorthShore's multidisciplinary Melanoma Program offers the depth and breadth of experience to use complicated new therapeutics against malignant melanoma. Metastatic melanoma has been one of the deadliest forms of skin cancer, but significant advances continue to improve patient outcomes.

New molecularly targeted therapies are available for close to 50 percent of metastatic melanoma patients whose tumors carry specific mutations in the BRAF gene. Our molecular pathologists perform on-site testing for this mutation, along with multiple less-common melanoma gene mutations, enabling our patients to start appropriate treatments within days rather than weeks, potentially adding years to their lives.

Major advances in immunotherapy for cancer have meant new hope for melanoma patients. The "checkpoint inhibitor" drugs Ipilimumab, Pembrolizumab and Nivolumab have the capacity to add years to some patients' lives. Long-term cancer control or cure of metastatic melanoma is now possible for nearly half of our patients. We had early access to these drugs through clinical trials, providing an advantage for our patients and early expertise for our clinicians.

We participate in partnership with the University of Chicago in studies including assessing treatment of patients whose cancers no longer respond to Nivolumab or Pembrolizumab; a biobanking/biomarker study assessing correlations between patients' inborn genetics, tumor genetics, immune system "T cells," stool "microbiome" and the presence of the important "inflamed tumor phenotype" that corresponds to response to immunotherapy.



Kellogg Cancer Center Medical Director Dr. Bruce Brockstein and the melanoma team were early adopters of advanced immunotherapy treatment options, dramatically improving outcomes for our melanoma patients.

Additionally, our Melanoma Program has provided an excellent opportunity to educate key partners within our institution on the principles of immunotherapy and diagnosis and assessment of side effects. The PD-1, PD-L1 and CTLA-4 checkpoint inhibitors are used for many different types of cancer. As these medicines work by a very different mechanism and have side effects unique from other cancer treatments, we provide a joint educational program with two medical oncologists and an oncology pharmacist. Together, they educate Kellogg Cancer Center staff as well as vital collaborators in other departments (emergency medicine, radiology, endocrinology, rheumatology, gastroenterology, dermatology, primary care medicine and internal medicine residency) on the scientific basis, clinical uses and, importantly, the side effect management of these drugs.

We have several ongoing research projects initiated by mentored residents. These include a real-world look at the side effects and toxicities of checkpoint inhibitors in our melanoma and other patients at the Kellogg Cancer Center, and a DNA project looking at the response to traditional chemotherapy after initial treatment with immunotherapy.

Kellogg Cancer Center patients have access to leading dermatologists. Gregg Menaker, MD, and Ross Levy, MD, are specialty trained experts in Mohs micrographic surgery, a unique technique that allows the sparing of normal tissue in delicate areas such as the face, hands, feet and around the genitals.

For our high-risk melanoma patients, NorthShore is now offering total body digital photography using the FotoFinder system. Total body digital photography helps the dermatologist identify new or changing moles and facilitates early diagnosis of melanoma skin cancer.

In some cases, melanoma may spread or recur within an arm or leg, which can be painful or disfiguring and pose the threat of spreading to other parts of the body. David J. Winchester, MD, Board of Directors, David P. Winchester, MD, Chair of Surgical Oncology, is one of only a few physicians in the country who perform complex isolated limb perfusions and isolated limb infusions to treat this challenging condition. This procedure saves patients from amputation and helps control tumors that might otherwise spread.

Head and Neck Oncology

A collaborative team of experts in otolaryngology/head and neck surgery, radiation oncology and medical oncology—as well as plastic and reconstructive surgery, dental medicine, physical medicine and rehabilitation, psychosocial oncology, nutrition, speech, swallowing and physical therapy, diagnostic and interventional radiology, pathology, nursing, and more—come together in NorthShore's head and neck cancer (HNC) group.

Head and neck surgeons Mihir Bhayani, MD, and Cheryl Nocon, MD, continue to grow the flexible robotic system program at Evanston Hospital, the first hospital in the Midwest to offer the innovative technology. This minimally invasive, state-of-the-art device allows transoral tumor resections of the pharynx and larynx that are more targeted than current robotic and transoral technologies.

The approval of immune targeted therapies (pembrolizumab and nivolumab) for use in recurrent/metastatic head and neck cancers has given medical oncologists the ability to provide patients a chance at long-term remission. We were among the first in the area to offer this treatment in structured clinical trials, and now in FDA-approved available medications.

Robust research continues, including ongoing translation projects in genomic profiling of aggressive cutaneous squamous cell carcinoma, and altered lipid metabolic pathways in head and neck squamous cell carcinoma. We are analyzing a large database of patients treated with chemotherapy and radiation to assess outcome and effect on the immune system. We have described the long-term effect of head and neck cancer radiation on the immune system and presented this at this year's 2018 ASCO (American Society of Clinical Oncology) Meeting.

For our patients who have undergone radiation therapy, we are studying the effect of a pneumatic compression device for lymphedema on swallowing function. Our outcomes research program continues to grow as we study racial disparities in head and neck cancer treatment, inequalities in oral health services, and other potential risk factors for oral cancer.

Our team made numerous presentations at national meetings and had many publications in prestigious journals. We continue with outreach efforts aimed at raising awareness of the role of human papillomavirus (HPV) in head and neck cancer and the opportunity to prevent cancer with the HPV vaccine in boys and girls. Our head and neck cancer (Support for People with Oral and Head and Neck Cancer [SPOHNC]) support and education group meets every other month.



Surgeon Dr. Mihir Bhayani is at the forefront of flexible robotic technology (inset photo) used for complex head and neck cancer surgical procedures.

Hematology and Hematologic Malignancies

The Hematologic Malignancy Program at NorthShore offers the latest care for patients with acute and chronic leukemia, myeloma, and Hodgkin and non-Hodgkin lymphoma. Led by Lynne Kaminer, MD, Virginia and James Cozad Chair of Hematology/Oncology, the program features four full-time hematologists and four additional physicians whose practice is focused on hematology. The team sees patients at all four NorthShore Hospitals and our Ambulatory Care Centers in Gurnee and Lake Bluff.

Close collaboration with hematopathologists and a multidisciplinary conference to review cases, lymph node and bone marrow specimens and treatment plans are key elements of our program. The hematopoietic stem cell program for myeloma and lymphoma continues to grow and evolve.

Several molecular assays are now being done at NorthShore, significantly decreasing the time required for a molecular diagnosis required to initiate treatment. We continue to develop specific multi-gene panels with molecular pathology to identify mutations associated with specific malignancies to guide therapeutic decisions. We analyze molecular features of tumors to enable more precise therapy, and can identify subgroups that are at higher or lower risk or have specific mutations to facilitate therapeutic treatment decisions.

Among the new studies that opened this year is a comprehensive study investigating new agents for the treatment of several specific subsets of non-Hodgkin lymphoma.

Radiation Oncology

NorthShore's Department of Radiation Medicine offers the full spectrum of advanced treatment technologies and specialized faculty with years of clinical experience.

NorthShore is one of the largest centers for breast cancer treatment in the Chicago area. The Department offers the latest in accelerated whole and partial breast radiation treatments, including deep inspiration breath hold and prone breast irradiation, both designed to minimize heart radiation dosage.

Early stage lung cancer volume continues to grow as a result of surveillance programs, diminished competing forces of mortality in patients overall, and an increased number of survivors of previously treated lung cancers. Stereotactic body radiation therapy (SBRT) is available for early-stage lung cancer patients at both Evanston and NorthShore Highland Park Hospitals.

SBRT is also available for select gastrointestinal cancers to convert marginally resectable tumors to operable ones and for metastatic cancers to lung, pancreas and adrenal organs.

Prostate cancer volume continues to grow and mirrors the success of the John and Carol Walter Center for Urological Health. Axumin PET scanning can localize sites of metastatic prostate cancer often not visible by conventional CT and MR scans. This enables radiation to such sites to be used as a supplement to systemic hormone therapy and has the potential to lead to improved outcomes. NorthShore continues to be one of the few area centers offering Xofigo

(radium-223) radionuclide therapy for the treatment of metastatic hormone refractory prostate cancer involving multiple bone locations.

Stereotactic radiosurgery (SRS) treats a variety of benign and malignant intracranial and central nervous system conditions and has largely replaced whole-brain radiation therapy for metastatic cancer, reducing the risk of cognitive dysfunction sometimes associated with whole-brain irradiation.

Interventional Radiology

NorthShore's Interventional Radiology group includes eight specialist physicians, four physician assistants, and more than 40 dedicated nurses and technologists who perform image-guided, minimally invasive cancer therapies aimed at optimizing cancer outcomes, improving quality of life and reducing hospital stay. We offer the latest and most advanced developments in the rapidly evolving and expanding field of interventional oncology.

NorthShore's interventional radiologists work in close collaboration with a team of oncologists, surgeons and radiation oncologists to provide customized care unique to each individual's specific condition. We offer state-of-the-art diagnostic imaging equipment and minimally invasive care. Therapies include Y-90 radioembolization and chemoembolization of both primary and metastatic liver tumors, which provide options when chemotherapy is no longer effective or surgery is not feasible.

We also specialize in radiofrequency, microwave and cryoablation of solid tumors in organs that include the liver, kidneys, bones, lungs and other soft tissues. These are alternative treatments to surgical resection, especially for patients at high risk for surgery.

Patient-Centered, Comprehensive Support



A full range of support services is an essential element of Kellogg Cancer Center's comprehensive, individually focused care. Clinical leaders like (from left) Integrative Medicine Medical Director Dr. Leslie Mendoza Temple, Cardio-Oncologist Dr. Amit Pursnani and Palliative Care Specialist Dr. Lauren Wiebe work collaboratively with NorthShore's oncology team to ensure optimal outcomes and well-being for cancer patients.

Oncology Nursing

Our dedicated oncology nurses bring a high level of experience and compassion to Kellogg Cancer Center patients. All nursing staff hold the Oncology Nursing Society's (ONS) chemotherapy and biotherapy validation, and many have achieved the national certification for Oncology Certified Nurse.

Collaborative nurses work with each of our physicians to coordinate care and provide additional resources for patients and families, including one-on-one education sessions. Treatment nurses offer hands-on, professional care and help coordinate communication with the physician team. Advanced practice nurses are a critical part of the care team, helping patients during scheduled visits and unscheduled urgent care and symptom management issues.

Dedicated nurse navigators, along with collaborative nurses, help patients manage their course of care from diagnosis to surgical, medical and radiation treatment and ultimately to survivorship.

As part of NorthShore University HealthSystem, Kellogg Cancer Center nurses have achieved Magnet designation, which reflects the high level of professionalism, quality and ownership of practice.

Integrative Medicine

NorthShore's Integrative Medicine Program continues to care for a significant number of oncology patients with acupuncture, massage therapy, integrative medicine physician consultations and other services. Our team of

experienced clinicians helps Kellogg Cancer Center patients deal with issues including pain, decreased appetite, digestive problems, sleep, energy levels, and overall well-being and quality of life.

Medical Director Leslie Mendoza Temple, MD, and Kellogg Cancer Center Pharmacist Hanna DeLuna, PharmD, are completing the inaugural Integrative Oncology Scholars Program at the University of Michigan, a first-of-its-kind competitive fellowship funded by the National Cancer Institute. The fellowship will culminate in a capstone project by Drs. Temple and DeLuna highlighting the judicious use of popular herbs and supplements during the cancer care spectrum.

The third annual "Food as Medicine" symposium hosted by NorthShore's Integrative and Family Medicine Departments attracted a sold-out crowd of patients and healthcare professionals. Plans are already underway for the May 5, 2019, symposium, which will be held again at the Chicago Botanic Garden.

A benefit concert drew a capacity crowd and raised more than \$21,000 for scholarships to help qualified oncology patients receive integrative services that are not typically covered by insurance. Held at Chicago's Metro, the concert featured the David Bowie tribute band, Sons of the Silent Age, and Golden-Globes' award-winning actor Michael Shannon. The 2019 Integrative Medicine benefit concert will again be held at Metro on January 12. Philanthropic support is critical to ensuring integrative services for oncology patients.

Integrative Medicine Fellowship

In response to the increased interest in integrative medicine therapies in addition to conventional cancer therapy, we are pursuing a collaborative effort to develop resources and guidance for the sound usage of these therapies. Our patients are seeking complementary therapies to help reduce symptom burden and increase quality of life; however, there is currently limited guidance regarding the use of some of these therapies in cancer patients and survivors. It is especially important for dietary supplements, which can interact with cancer-directed therapies. This collaborative effort is being led by Integrative Medicine Medical Director Leslie Mendoza Temple, MD, and Hannah DeLuna, PharmD, who are completing the Integrative Oncology Scholars Program at the University of Michigan.

Oncology Pharmacy

Each Kellogg Cancer Center contains a dedicated oncology pharmacy, which is staffed by specialized oncology pharmacists and pharmacy technicians who are key members of the comprehensive care teams at the Kellogg Cancer Center. The pharmacy staff works closely with the physicians and nursing staff to provide patients with the highest quality of care during the course of their therapy. Kellogg Cancer Center pharmacists review and evaluate each patient's chemotherapy regimen prior to treatment. They review home medications for potential drug-drug interactions, laboratory parameters to

verify chemotherapy doses and patient-reported symptoms for optimization of supportive care therapies. Pharmacy is currently leveraging the use of technology to increase patient access to pharmacy clinical services.

Kellogg Cancer Center outpatient pharmacies are available at each site to dispense and manage oral chemotherapy prescriptions, supportive care medications and over-the-counter medications. Pharmacists review oral chemotherapy orders sent to both the Kellogg Cancer Center pharmacies and outside pharmacy locations for appropriateness and any potential drug interactions. They contact patients with new treatment starts to assess for adherence and to manage any potential side effects or toxicities. Kellogg Cancer Center outpatient pharmacists assist with prior authorizations that are frequently required by insurance companies before dispensing medication. With the pharmacists' involvement in the authorization process, approvals are often obtained within 24–48 hours to ensure timely treatment initiations.

A cancer diagnosis can sometimes lead to 10 or more new prescriptions for patients to manage at home, leaving some feeling overwhelmed and at risk for noncompliance. To help patients overcome this barrier, the Kellogg Cancer Center pharmacy has provided medication calendars, detailing which days of the week and what time of day patients should take their medications.

Cardiotoxicity Monitoring

A significant number of cancer therapy agents are associated with cardiac toxicity. Cardiac complications from these agents range from hypertension to coronary artery

disease and heart failure. Cardiovascular toxicity due to cancer therapy can be temporary or can have more permanent effects.

Plans for a 2019 study of cardiac monitoring are underway. Kellogg Cancer Center pharmacists and physicians will work closely with cardio-oncologist Amit Pursnani, MD, to examine the current practices for monitoring and managing therapy-related cardiotoxicity at NorthShore. We will also review the utility of a new technology that can potentially detect subclinical cardiotoxicity before symptomatic changes are seen. We hope to gain a broader understanding of current cardiac monitoring practices.

With continued collaboration between medical oncologists, hematologists, cardio-oncologists and pharmacists the goal is to reduce the risk of long-term toxicities related to cancer therapy.

Oncology Nutrition Services

Nutrition counseling is an important aspect of care for all patients as proper nutrition is critical to good health, yet maintaining a healthy diet can be especially challenging for those undergoing cancer treatment. Registered dietitian-nutritionists (RDNs) with expertise in oncology are available to provide nutrition therapy to help patients and families develop nutrition goals, devise therapeutic meal plans and provide education throughout the continuum of cancer care.

Maintaining good nutrition has been found to improve patient outcomes by helping to manage symptoms such as unintentional weight loss/gain, nausea, taste changes and bowel changes that many patients experience. Nutrition therapy thus helps

patients better tolerate common treatments such as chemotherapy, radiation therapy and surgery.

Our oncology RDNs are experts at translating evidence-based cancer nutrition research related to prevention, treatment and survivorship to improve health and well-being and reduce risk of cancer recurrence. They actively partner with NorthShore's *Healthy You* blog and Chicago area cancer organizations to provide nutrition education and support to our community. In 2018, the RDNs collaborated on an education series about oncology nutrition shared with the Kellogg Cancer Center nursing staff.

In an ongoing effort to address cancer-related malnutrition, Kellogg Cancer Center RDNs are now using dynamometers to measure hand-grip strength to help in the diagnosis and treatment of malnutrition. This initiative will enhance the application of the nutrition care process in addressing each patient's individual nutrition needs.

Psychosocial Support

NorthShore's Kellogg Cancer Center's Psychosocial Oncology Program offers services to patients and their families to help navigate their emotional and practical needs throughout their cancer journey. The team sees patients who are new to chemotherapy, those referred directly for specific needs and those who have identified themselves as distressed on the Psychosocial Distress Screening Tool, as well as ongoing supportive check-ins throughout treatment.

A team of experienced oncology social workers help patients and their families understand and process the wide range of normal emotional reactions to diagnosis,

TOBACCO CESSATION PROGRAM

The Tobacco Cessation Program at the Kellogg Cancer Centers was developed in 2011. This program has been run by Shannon Hartman, PharmD, one of the oncology pharmacists who underwent certification to become a Tobacco Treatment Specialist. The program was created because tobacco use is the leading preventable cause of premature death in the United States and has been linked to many different types of cancer. There is evidence that continued tobacco use after the diagnosis of cancer decreases survival, reduces treatment efficacy, increases/prolongs treatment toxicity and increases the risk of recurrence. Despite this evidence, it is reported that 23 to 35 percent of head and neck cancer patients and 13 to 20 percent of lung cancer patients continue to smoke after diagnosis. The combination of support from a trained professional and the use of tobacco cessation medications increases the chances of quitting successfully from ½ to 20 percent. The program has helped numerous Kellogg Cancer Center patients and their family members quit smoking. Patients are referred to the program by Kellogg Cancer Center staff. Dr. Hartman provides one-on-one counseling and follows up to assist through the tobacco cessation process. The program will be expanded in the coming year to serve more patients.



Thoracic Surgeon Dr. Seth Krantz leads efforts to broaden the Kellogg Cancer Center's Smoking Cessation Program to target all early-stage lung, head and neck and some other cancer patients across the NorthShore system.

treatment and, for some, terminal illness, including fear, anger and sadness. Our caregivers also identify and address barriers to receiving treatment, including transportation and financial concerns, and build a comprehensive network of support by providing referrals as needed to local cancer support programs, integrative medicine practitioners and mental health clinicians in the community.

The Psychosocial team also assists with advanced care planning, including living wills and durable powers of attorney for healthcare forms. Our team partners with a Child Life Specialist who coaches patients in caring for their children on issues related to diagnosis, prognosis, loss of hair and end of life.



LIFE CANCER SURVIVORSHIP PROGRAM

The mission of the Myra Rubenstein Weis (MRW) Living in the Future (LIFE) Cancer Survivorship Program is to provide patient, family and health professional resources that bridge the gap between the oncology treatment environment and the primary care setting. Considering the amount of information patients with cancer receive, having a survivorship care plan is crucial to ensure that follow-up visits and warning signs for late effects are not missed.

The LIFE Program, under the direction of its founder Carol Rosenberg, MD, FACP, pioneered survivorship care planning at NorthShore. Today, it is continuing to lead its evolution with the implementation of a new, innovative technology—the LIFE survivorship care planning initiative—to streamline the methodology by which the survivorship team provides a detailed summary of each survivor’s cancer history, diagnosis, treatment and a roadmap for follow-up care. This sophisticated technology enables NorthShore to continue as a cancer care leader by providing every patient who completes treatment with a comprehensive survivorship care plan that is completely integrated in the Electronic Medical Record (EMR), providing an enduring resource for the survivor and all their clinicians.

Individualized visits with a specialized LIFE advanced practice oncology nurse add valuable context and help address the unique and long-term needs of patients as they complete primary treatment for cancer. The LIFE model of survivorship care was described in the international *Journal of Cancer Survivorship* and assessed by the national Patient-Centered Outcomes Research Institute (PCORI) and the National Accreditation Program of Breast Centers (NAPBC) resulting in an international reputation for helping survivors construct a useful understanding of their cancer experience.

The LIFE Program’s educational reach goes beyond NorthShore. In LIFE’s MRW Survivor 101 Seminars, survivors and their families are taught the science of improving the quality and quantity of their life after treatment. This popular free seminar series is available to everyone in the community.

The LIFE Program also trains health professionals to address the issues that arise among cancer survivors. This curriculum, created and directed by Dr. Rosenberg and accredited by the University of Chicago Pritzker School of Medicine, is one of the first of its kind in the nation and prepares an entire health professional workforce to help their cancer patients thrive and move forward, living in the future.



Myra Rubenstein Weis (MRW) Living in the Future (LIFE) Cancer Survivorship Program founder and Director Dr. Carol Rosenberg (right) and Advanced Practice Nurse Anisha Patel. The LIFE Program is an important element of Kellogg Cancer Center’s personalized post-treatment care.

Our Psychosocial Oncology Program facilitates a biweekly in-house stress reduction group as well as other monthly support groups for those with brain tumors, head and neck cancer, and prostate cancer. The program also helps facilitate grant applications to help Kellogg Cancer Center’s most economically vulnerable patients meet basic living needs and enhance quality of life.

Palliative Care and Advance Care Planning

The Palliative Care team offers compassionate care and inpatient consultation and ambulatory clinics at all Kellogg Cancer

Center locations and NorthShore Hospitals. It also provides a symptom support program for house calls and nursing home visits.

Community outreach and activism are key elements of the program. Lauren Wiebe, MD, completed her term as Honorary Co-Chair for the Greater Chicago PanCAN (Pancreatic Cancer Action Network) PurpleStride fundraiser with the most successful fundraising year ever for the PurpleStride Chicago.

Dr. Wiebe and Mark Dunnenberger, PharmD, completed a project and published a paper related to supportive care pharmacoeconomics for oncology patients.

The Palliative Care Program hosts a yearly regional palliative care symposium with the University of Chicago and runs multiple community programs on advance care planning. Our Palliative Care team continues to advance efforts for advance care planning and goals of care and care transitions across NorthShore.

Patient Education

We are dedicated to providing holistic and compassionate care to patients and their families. Our resource centers reflect our desire to provide as much educational support as possible.

Philanthropic support has been essential in developing the Myra Rubenstein Weis (MRW) Health Resource Center at Highland Park Hospital, and the Kellogg Cancer Resource Center at Evanston Hospital, established in memory of patient Ira Korman. Both centers offer valuable information vehicles and opportunities for patient education.

Collaborative nurses meet with new patients to review individual treatment plans and develop a relationship that encourages them to ask questions throughout their care. Comprehensive patient education materials are also provided for all patients. Questions related to symptom management, scheduling, financial concerns and available resources may be discussed at this time.

NorthShore’s “Understanding Cancer” educational events in collaboration with Mayo Clinic are part of our community outreach and education efforts. These physician-led programs provide the community with valuable cancer-related information. This year’s programs included “Understanding Immunotherapy,” which attracted a large, engaged audience interested in the growing use of immunotherapies for advanced cancers.

Financial Advocacy

Patient Financial Advocates help patients understand and access our assistance program that is designed to help with a variety of financial issues. Our specially trained advocates work with a team of precertification specialists who help get treatment plans pre-

authorized for payment, and are available to answer questions about bills and specific charges.

For patients who demonstrate significant financial need, our advocates coordinate reduced-cost care through state programs, NorthShore’s charity care, and in some cases working directly with pharmaceutical companies or private foundations. Patient Financial Advocates work closely with social workers and the Kellogg Cancer Center team.



SERVING THE UNDERSERVED

NorthShore partnered with YWCA of Lake County to offer 50 free screening mammograms at our Highland Park Hospital and Gurnee mammography locations to under- and uninsured women. The YWCA followed up with any women who needed additional imaging or clinical consults. This was just one of the many ways NorthShore and Kellogg Cancer Center work to serve the community.



Supporting the Community

Kellogg Cancer Center proudly collaborates with many community organizations, and participates in regular events to raise funds and awareness and offer public education. Our community outreach is an important element of our mission.

NorthShore teams joined many fundraising events, including the Hustle Up the Hancock, Breathe Deep North Shore 2-Mile Walk and 5K Run, Balloon Launch & Rally to Stop Lung Cancer, and multiple American Cancer Society Relay for Life and Making Strides Against Breast Cancer events. We also hosted a first-ever Survivor Celebration.

Our education activities included Wisdom 4 Health Symposium jointly sponsored with the American Cancer Society aimed at smart choices for tweens and teens, and “Look Good Feel Better,” a complimentary beauty workshop for women undergoing cancer treatment.

Free oral cancer screening offered at Highland Park Hospital’s Kellogg Cancer Center, promote early detection and education for those at higher risk because of smoking, chewing tobacco, excessive alcohol use or oral HPV infection.

Kellogg Cancer Center also hosts Imerman Angels socials and numerous support groups for cancer patients and their family members or caregivers.

OUTCOMES STUDY: Review of Enhanced Recovery After Surgery (ERAS) for Mastectomy with Implant-Based Reconstruction

The opioid epidemic facing our country has been well-documented as a public health crisis. With increasing pressure for surgeons to analyze their prescribing practices, the NorthShore breast surgery team looked at narcotic use among the Mastectomy with Implant-Based Reconstruction population. With postoperative narcotic usage at 94 percent, Catherine Pesce, MD, and her surgical and anesthesia team wanted to significantly reduce that rate. The Enhanced Recovery After Surgery (ERAS) protocol for the Mastectomy with Implant-Based Reconstruction patients was operationalized in April 2018 with the goals of reducing narcotic use and length of stay and maximum pain scores.

New preoperative practices include patient education, one-time use of three oral medications and one patch prior to surgery, and the use of a carbohydrate drink before surgery aimed at reducing insulin resistance during surgery. Intraoperatively PECS I and PECS II nerve blocks (local anesthetic placed between the pectoralis muscles of the thoracic wall to provide analgesia) were used along with multimodal pain medication including intravenous nonsteroidal anti-inflammatory medications and Tylenol along with preventive nausea and vomiting medications ondansetron and dexamethasone.

NorthShore is one of the only institutions performing PECS nerve blocks on all patients, and this important intervention has made the most significant impact on decreased narcotic use. Rebecca Blumenthal, MD, and others from anesthesia spearheaded the effort to roll out the program.

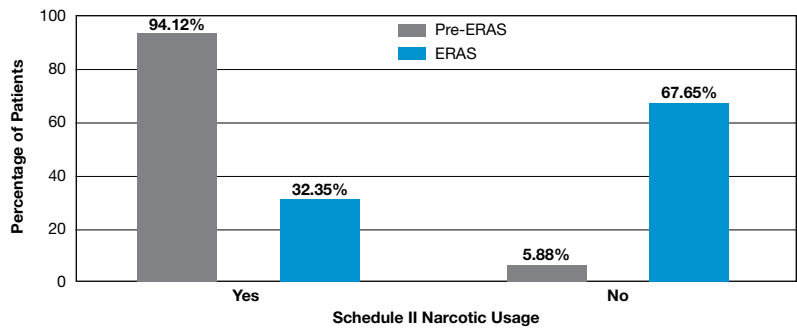
Postoperative pain control was defined as non-narcotic first-line pain control and narcotics only for breakthrough pain.

The ERAS protocol produced dramatic results. Following the implementation of the ERAS protocol, narcotic use was down from 94 to just over 65 percent, average length of stay decreased by 11.4 hours, one-dose postoperative nausea and vomiting medication usage was down from 35.3 percent to 8.8 percent, and median reported pain scores were down.



Oncology Surgeon Dr. Catherine Pesce and her team led efforts to reduce postsurgical narcotic usage in mastectomy patients with implementation of a new Enhanced Recovery After Surgery (ERAS) protocol.

Postoperative Schedule II Narcotic Usage Comparison: Pre-ERAS vs. ERAS



ACTIVE CLINICAL TRIALS



NorthShore patients have access to a broad array of clinical trials and potentially lifesaving new treatments.

For a complete list of active trials, visit northshore.org/kellogg-cancer-center/clinical-trials.

Brain Tumors

A071101 Phase II randomized trial comparing the efficacy of heat shock protein-peptide complex-96 (HSPPC-96) (NSC #725085, Alliance IND #15380) vaccine given with bevacizumab versus bevacizumab alone in the treatment of surgically resectable recurrent glioblastoma multiforme (GBM)

A221101 Phase III randomized, double-blind, placebo-controlled study of armodafinil (Nuvigil) to reduce cancer-related fatigue in patients with glioblastoma multiforme

Tocagen/Tg 511-15-01 A Phase II/III randomized, open-label study of Toca 511, a retroviral replicating vector, combined with Toca FC versus standard of care in subjects undergoing planned resection for recurrent glioblastoma or anaplastic astrocytoma

ICT 107 STING (Study of Immunotherapy in Newly Diagnosed Glioblastoma): A Phase III randomized, double-blind, controlled study of ICT 107 with maintenance temozolomide (TMZ) in newly diagnosed glioblastoma following resection and concomitant TMZ chemoradiotherapy

A071102 A Phase II/III randomized trial of veliparib or placebo in combination with adjuvant temozolomide in newly diagnosed glioblastoma with MGMT promoter hypermethylation

AbbVie/M13-813 A randomized, placebo-controlled Phase IIb/III study of ABT-414 with concurrent chemoradiation and adjuvant temozolomide in subjects with newly diagnosed glioblastoma multiforme (GBM) with epidermal growth factor receptor (EGFR) amplification (Intelligence 1)

CDX110-05 Expanded access (compassionate use) treatment protocol, rindopepimut (CDX-110)

AbbVie Preapproval Access Preapproval access of ABT-414 for treatment of glioblastoma multiforme (GBM)

Breast Cancer

EA221405 Pregnancy outcome and safety of interrupting therapy for women with endocrine responsive breast cancer (POSITIVE)

EH14-308 A011106 ALTernate approaches for clinical stage II or III Estrogen Receptor positive breast cancer NeoAdjuvant TrEatment (ALTERNATE) in postmenopausal women: A Phase III study

NSABP B-55 Randomized, double-blind, parallel group, placebo-controlled multi-center Phase III study to assess the efficacy and safety of olaparib versus placebo as adjuvant treatment in patients with germline BRCA 1/2 mutations and high-risk HER2 negative primary breast cancer who have completed definitive local treatment and neoadjuvant or adjuvant chemotherapy

EA1131 Randomized Phase III postoperative trial of platinum-based chemotherapy versus observation in patients with residual triple-negative basal-like breast cancer following neoadjuvant chemotherapy

NSABP B-51 A randomized Phase III clinical trial evaluating post-mastectomy chest wall and regional nodal XRT and post-lumpectomy regional nodal XRT in patients with positive axillary nodes before neoadjuvant chemotherapy who convert to pathology negative axillary nodes after neoadjuvant chemotherapy

A0011401 Randomized Phase III Trial Evaluating the Role of Weight Loss in Adjuvant Treatment of Overweight and Obese Women with Early Breast Cancer

A0011502 A randomized Phase III double-blind placebo-controlled trial of aspirin as adjuvant therapy for node-positive, HER2 negative breast cancer: The ABC trial

UC16-0403 A randomized, placebo-controlled, double-blind, Phase II trial of nanoparticle albumin-bound paclitaxel (nab-paclitaxel, Abraxane) with or without mifepristone for advanced, glucocorticoid receptor-positive, triple-negative breast cancer

Gastrointestinal Cancer

A021501 Preoperative Extended Chemotherapy versus Chemotherapy Plus Hypofractionated Radiation Therapy for Borderline Resectable Adenocarcinoma of the Head of the Pancreas

NRG-GI004/SWOG-S1610 Colorectal Cancer Metastatic dMMR Immuno-Therapy (COMMIT) Study: A Randomized Phase III Study of mFOLFOX6/Bevacizumab Combination Chemotherapy with or without Atezolizumab or Atezolizumab Monotherapy in the First-Line Treatment of Patients with Deficient DNA Mismatch Repair (dMMR) Metastatic Colorectal Cancer

CanStem 111P A Phase III Study of BBI-608 plus nab-Paclitaxel with Gemcitabine in Adult Patients with Metastatic Pancreatic Adenocarcinoma

CanStem 303C A Phase III Study of BBI-608 in combination with 5-Fluorouracil, Leucovorin, Irinotecan (FOLFIRI) in Adult Patients with Previously Treated Metastatic Colorectal Cancer (CRC)

CG Nova Evaluation of the Performance of the Clinical Genomics Colvera Test in the Detection of Disease Recurrence in Patients Diagnosed with Colorectal Cancer

Genitourinary Cancer

Astellas ONC-MA-1004 A prospective observational cohort study of patients with castration-resistant prostate cancer (CRPC) in the United States

EH09-43 Multiphase study of active surveillance for men with clinical stage T1c or T2a localized prostate cancer

Janssen 64091742PCR2001 A Phase II Efficacy and Safety Study of Niraparib in Men with Metastatic Castration-Resistant Prostate Cancer and DNA-Repair Anomalies

UC13-0979 A Phase I/II Trial of Enzalutamide Plus the Glucocorticoid Receptor Antagonist Mifepristone for Patients with Metastatic Castration-Resistant Prostate Cancer (CRPC)

AFT-19 A Phase III Study of Androgen Annihilation in High-Risk Biochemically Relapsed Prostate Cancer

PCCTC c16-168 A Randomized Phase II Trial of Abiraterone, Olaparib, or Abiraterone + Olaparib in Patients with Metastatic Castration-Resistant Prostate Cancer with DNA Repair Defects

Gynecologic Cancer

GOG0238 Randomized trial of pelvic irradiation with or without concurrent weekly cisplatin in patients with pelvic-only recurrence of carcinoma of the uterine corpus

NRG-GY005 A randomized Phase II/III study of the combination of cediranib and olaparib compared to cediranib or olaparib alone, or standard of care chemotherapy in women with recurrent platinum-resistant or -refractory ovarian, fallopian tube or primary peritoneal cancer (COCOS)

GOG0264 A randomized Phase II trial of paclitaxel and carboplatin versus bleomycin, etoposide and cisplatin for newly diagnosed advanced-stage and recurrent chemo-naïve stage sex cord-stromal tumors of the ovary

UC13-1235 Randomized placebo-controlled Phase II trial of metformin in conjunction with chemotherapy followed by metformin maintenance therapy in advanced-stage ovarian, fallopian tube and primary peritoneal cancer adjuvant treatment

Pilot Study Pilot study of the impact of early palliative care on quality of life in recurrent ovarian, fallopian tube and primary peritoneal cancer

AGCT1531 A Phase III Study of Active Surveillance for Low Risk and a Randomized Trial of Carboplatin versus Cisplatin for Standard Risk Pediatric and Adult Patients with Germ Cell Tumors

NRG-GY009 A Randomized, Phase II/III Study of Pegylated Liposomal Doxorubicin and CTEP-Supplied Atezolizumab (IND 134427) Versus Pegylated Liposomal Doxorubicin/Bevacizumab and CTEP-Supplied Atezolizumab Versus Pegylated Liposomal Doxorubicin/Bevacizumab in Platinum Resistant Ovarian Cancer

Head and Neck Cancers

HCN Tissue bank tissue/body fluid procurement and clinical data collection for patients with malignancies of the head and neck area and/or premalignant changes

EA3132 Phase II Randomized Trial of Radiotherapy with or without Cisplatin for Surgically Resected Squamous Cell Carcinoma of the Head and Neck (SCCHN) with TP53 Sequencing

Hematology

UC14-0899 Phase II randomized trial of continuation of post-transplant maintenance with single-agent lenalidomide versus consolidation/maintenance with ixazomib-lenalidomide-dexamethasone in patients with residual myeloma

Connect MDS AML The Myelodysplastic Syndromes (MDS) and Acute Myeloid Leukemia (AML) Disease Registry

E1910 Phase III randomized trial of blinatumomab for newly diagnosed BCR-ABL-negative B lineage acute lymphoblastic leukemia in adults

CIBMTR Research database for hematopoietic cell transplantation, other cellular therapies and marrow toxic injuries

UC13-1406 Prospective, Multi-Center Phase I/II Trial of Lenalidomide and Dose-Adjusted EPOCH-R in MYC-Associated B-Cell Lymphomas

E1A11 Randomized Phase III Trial of Bortezomib, LENalidomide and Dexamethasone (VRd) Versus Carfilzomib, Lenalidomide and Dexamethasone (CRd) Followed by Limited or Indefinite DURation Lenalidomide MaintenANCE in Patients with Newly Diagnosed Symptomatic Multiple Myeloma (ENDURANCE)

A061202 A Phase VII Study of Pomalidomide, Dexamethasone and bazomib versus Pomalidomide and Dexamethasone for Patients with Multiple Myeloma Refractory to Lenalidomide and Proteasome Inhibitor-Based Therapy

Carevive The Roles of Education and Patient Engagement to Improve Symptom Management and the Quality of Life for Patients with Relapsed/Refractory Chronic Lymphocytic Leukemia

Astex SGI-110-07 A Phase III, Multicenter, Randomized, Open-Label Study of Guadecitabine (SGI-110) Versus Treatment Choice in Adults with Myelodysplastic Syndromes (MDS) or Chronic Myelomonocytic Leukemia (CMML) Previously Treated with Hypomethylating Agents

TG Therapeutics TGR-205 A Phase IIb Randomized Study to Assess the Efficacy and Safety of the Combination of Ublituximab + TGR-1202 with or without Bendamustine and TGR-1202 Alone in Patients with Previously Treated Non-Hodgkin's Lymphoma

A041501: A Phase III Trial to Evaluate the Efficacy of the Addition of Inotuzumab Ozogamicin (a Conjugated Anti-CD22 Monoclonal Antibody to Frontline Therapy in Young Adults (ages 18-39) with Newly Diagnosed Precursor B-Cell ALL.

Lung Cancer

S1400 Phase II/III biomarker-driven master protocol for second-line therapy of squamous cell lung cancer

Mirati 0103-020 A Phase I/II Study of HDAC Inhibitor, Mocetinostat in Combination with PD-L1 Inhibitor, Durvalumab, in Advanced or Metastatic Solid Tumors and Non-Small Cell Lung Cancer

AbbVie M16-298 A Randomized, Double-Blind, Placebo-Controlled Phase III Study of Rovalpituzumab Tesirine as Maintenance Therapy Following First-Line Platinum-Based Chemotherapy in Subjects with Extensive Stage Small Cell Lung Cancer (MERU)

EA5152 A Randomized Phase II Trial of Nivolumab, Cabozantinib Plus Nivolumab, and Cabozantinib Plus Nivolumab Plus Ipilimumab in Patients with Previously Treated Non-Small Cell Lung Cancer

EA5161 Randomized Phase II Clinical Trial of Cisplatin/Carboplatin and Etoposide (CE) Alone or in Combination with Nivolumab as Frontline Therapy for Extensive Stage Small Cell Lung Cancer (ED-SCLC)

EA5162 Phase II Study of AZD9291 (Osimertinib) in Advanced NSCLC Patients with Exon 20 Insertion Mutations in EGFR

AbbVie M16-289 A randomized, open-label, multicenter, Phase III study of rovalpituzumab tesirine compared with topotecan for subjects with advanced or metastatic DLL3high small cell lung cancer (SCLC) who have first disease progression during or following front-line platinum-based chemotherapy

Sarcoma

A091401 Randomized Phase II study of nivolumab with or without ipilimumab in patients with metastatic or unresectable sarcoma

Skin Cancer

EA6141 Randomized Phase II/III study of nivolumab plus ipilimumab plus sargramostim versus nivolumab plus ipilimumab in patients with unresectable stage III or stage IV melanoma

S1320 A Randomized Phase II Trial of Intermittent Versus Continuous Dosing of Dabrafenib (NSC-763760) and Trametinib (NSC-763093) in BRAFV600E/K Mutant Melanoma

UC15-1788 also known as UC17-0686 Phase II Study of Pembrolizumab and Ipilimumab Following Initial Anti-PD1/L1 Antibody

EA6134 A Randomized Phase III Trial of Dabrafenib + Trametinib followed by Ipilimumab + Nivolumab at Progression versus Ipilimumab + Nivolumab followed by Dabrafenib + Trametinib at Progression in Patients with Advanced BRAFV600 Mutant Melanoma

Other

EAY131 Molecular Analysis for Therapy Choice (MATCH)

EAY131-C1 Crizotinib in patients with tumors with MET amplification

EAY131-C2 Crizotinib in patients with tumors with MET exon 14 deletion

EAY131-T GDC-0449 (vismodegib) in patients with tumors (except basal cell skin carcinoma) with smoothened (SMO) or patched 1 (PTCH1) mutations

EAY131-S2 Phase II study of trametinib in patients with tumors with GNAQ or GNA11 mutations

EAY131-G Phase II study of crizotinib in patients with ROS1 translocations (other than patients with non-small cell lung cancer)

EAY131-E AZD9291 in patients with tumors having EGFR T790M mutations (except non-small cell lung cancer) or rare activating mutations of EGFR

EAY131-F Crizotinib in patients with tumors (other than adenocarcinoma of lung or ALCL) with ALK rearrangements

EAY131-V Phase II study of sunitinib in patients with tumors with c-kit mutations (excluding GIST, renal cell carcinoma or pancreatic neuroendocrine tumor)

EAY131-Z1C Phase II Study of Palbociclib (PD-0332991) in Patients with Tumors with CDK4 or CDK6 Amplification

EAY131-Z1E LOXO-101 in Patients with Tumors with NTRK Fusions

EAY131-Z1I Phase II Study of AZD1775 in Patients with Tumors Containing BRCA1 or BRCA2 Mutations

EAY131-Z1F Phase II Study of Copanlisib in Patients with Tumors with PIK3CA Mutations (PTEN Loss Allowed)

EAY131-Z1H Phase II Study of Copanlisib in Patients with Tumors with Deleterious PTEN Sequencing Result and PTEN Expression by IHC

EAY131-Z1G Phase II Study of Copanlisib in Patients with Tumors with PTEN Loss by IHC and any PTEN Sequencing Result

EAY131-M Phase II Study of MLN0128 (TAK-228) in Patients with Tumors with TSC1 or TSC2 Mutations

EAY131-L Phase II Study of MLN0128 (TAK-228) in Patients with Tumors with mTOR Mutations

EAY131-J Trastuzumab and Pertuzumab (HP) in Patients with Non-Breast, Non-Gastric/GEJ Cancers with HER2 Amplification

EAY131-K1 Phase II Study of JNJ-42756493 (erdafitinib) in Patients with Tumors with FGFR Amplifications

EAY131-K2 Phase II Study of JNJ-42756493 (Erdafitinib) in Patients with Tumors with FGFR Mutations or Fusions

AFT-28 Direct Oral Anticoagulants (DOACs) Versus LMWH +/- Warfarin for VTE in Cancer: A Randomized Effectiveness Trial (CANVAS Trial)

UC15-0837 Coordinating protocol for multi-center retrospective and prospective observational studies investigating cancer immunotherapy

ACCRRU SC-1601 A Phase III, randomized, controlled, double-blind study evaluating the safety of two doses of apixaban for secondary prevention of cancer-related venous thrombosis in subjects who have completed at least six months of anticoagulation therapy

Breast Surgery

EH15-297 A randomized Phase III trial comparing axillary lymph node dissection to axillary radiation in breast cancer patients (cT1-3 N1) who have positive sentinel lymph node disease after neoadjuvant chemotherapy—Alliance A011202

EH15-308 Using genetic risk scores to assess the efficacy of mammography screening among women diagnosed with breast cancer

EH16-063 Germline genetic profiles associated with contralateral breast cancer patients

EH15-142 Regional variation of breast surgery in SEER—Medicare

EH88-077 The establishment and maintenance of the NorthShore University HealthSystem comprehensive data registry for breast surgeries and breast tissue bank

EH10-081 A Phase II Study Evaluating the Role of Sentinel Lymph Node Surgery and Axillary Lymph Node Dissection Following Preoperative Chemotherapy in Women with Node Positive Breast Cancer (TO-4, N1-2, MO) at Initial Diagnosis, ACOSOG Z1071

EH17-026 A Database of Contralateral Breast Cancer at NorthShore University HealthSystem

EH16-269 HER2 Expression in Primary Breast Cancer Compared with Synchronous Axillary Metastases

EH17-045 Impact of an In-Visit Decision Aid on Uninformed Decision-Making for Contralateral Prophylactic Mastectomy

EH16-343 Retrospective Review of Her2/neu Positive Breast Cancer Patients to Examine Loco-Regional Recurrence Rates

EH18-074 MarginProbe System U.S. Post-Approval Study Protocol CP-07-001

EH17-072 Comparison of Operative to Monitoring and Endocrine Therapy (COMET) Trial for Low-Risk DCIS

EH17-209 Genetic Determinants of Cooperative Interactions on Breast Cancer Intratumor Heterogeneity

EH18-203 MEDITATE-BC Mindfulness-Enhanced Decision Intervention To Aid Treatment Election—Breast Cancer

EH18-243 Tell Me Where It Hurts: The Ergonomic Effects of Mastectomies on the Operating Surgeon

Colorectal Surgery

EH12-468 N1048 A Phase II/III trial of neoadjuvant FOLFOX with selective use of combined modality chemoradiation versus preoperative combined modality chemoradiation for locally advanced rectal cancer patients undergoing low anterior resection with total mesorectal excision

EH16-280 The creation and establishment of a colorectal tumor database and biorepository

Head and Neck Surgery

EH17-040 Surveillance Imaging Practice Patterns in Head and Neck Cancer Patients

EH17-116 Lipid Tissue from Head and Neck Cancer

EH17-266 Genomic Profile of Progressive Cutaneous Squamous Cell Carcinoma

EH18-179 The Patient Decision-Making Process after a Diagnosis of Oral Cavity Cancer

Pancreatic Cancer

EH08-1977 Clinical pancreatic cancer database

EH17-132 Assessment of Tumor and Treatment Factors as Predictors of Venous Thromboembolism in Patients with Pancreatic Adenocarcinoma Undergoing Pancreaticoduodenectomy, and Efficacy of Pharmacologic Prophylaxis

EH13-433 Comprehensive Assessments for Clinical Care and Surgical Management Among Individuals with Pancreatic Pathology

EH18-265 A Phase III Multicenter, Open Label Randomized Controlled Trial of Cefoxitin versus Piperacillin-Tazobactam as Surgical Antibiotic Prophylaxis in Patients Undergoing Pancreatoduodenectomy

Lung and Esophageal Cancer

EH98-136 Establishment and maintenance of a comprehensive thoracic tumor data registry and biorepository

EH15-121 A Phase III double-blind trial for surgically resected early-stage non-small cell lung cancer: Crizotinib versus placebo for patients with tumors harboring the anaplastic lymphoma kinase (ALK) fusion protein (E4512)

EH15-122 Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trial (ALCHEMIST)

EH15-123 Randomized double-blind, placebo-controlled study of erlotinib or placebo in patients with completely resected epidermal growth factor receptor (EGFR) mutant non-small cell lung cancer (NSCLC), A081105

EH16-268 EA5142 Adjuvant nivolumab in resected lung cancers (ANVL): A randomized Phase III study of nivolumab after surgical resection and adjuvant chemotherapy in non-small cell lung cancers

EH16-396 Assessment of Tumor and Treatment Factors as Predictors of Venous Thromboembolism in Patients Undergoing Anatomic Resection on Lung and Esophageal Cancers, and Efficacy of Pharmacologic Prophylaxis

EH16-356 Clinical Characteristics of Anti-PD-1/PDF-L1 relapses in Non-Small Lung Cancer (NSCLC)

EH16-079 Retrospective Chart Review Study to look at adequacy of lymph node staging in patients undergoing curative anatomic resection for non-small cell lung cancer

EH16-362 Natural History of Indeterminate Lung Nodules

Thyroid Surgery

EH14-058 The establishment of a multidisciplinary comprehensive database of patients for thyroid nodular disease

EH14-263 Epigenetic chromatin conformation changes in peripheral blood to differentiate benign versus malignant thyroid lesions

Genitourinary Cancer

EH09-043 A multi-phase study of active surveillance for men with clinical stage T1c or T2a localized prostate cancer

EH13-049 Compliance and outcomes with penile rehabilitation in men after prostate cancer treatment

EH13-250 Cancer susceptibility: The ICPGC study (International Consortium for Prostate Cancer Genetics)

EH15-240 Urologic oncology: Costs and complications

EH14-206 Nanocytology to mitigate overdiagnosis of prostate cancer

EH14-361 SPORE Project 1: Impact of Germline Genetic Variants and Failure of Active Surveillance for Prostate Cancer

EH16-202 Detecting copy number alterations (CNAs) of MYC and PTEN in biopsy samples to predict clinical outcomes in prostate cancer

EH15-124 Reducing the Effects of Active Surveillance Stress, Uncertainty and Rumination thru Engagement in Mindfulness Education (REASSURE ME)

EH15-403 Mindfulness online for symptom alleviation and improvement in cancer of the prostate (MOSAIC-P)

EH16-236 Novel genetic markers for predicting clinical outcomes in patients with high-grade superficial bladder cancer

EH16-239 The impact of using genetic risk scores (GRSs) for inherited risk assessment of prostate cancer

EH16-237 A Randomized Study of Enzalutamide in Patients with Localized Prostate Cancer Undergoing Active Surveillance (ENACT)

EH16-387 Risk-Stratification of Prostate Cancers via Field Carcinogenesis Nanocytology

ACADEMIC LEADERSHIP ROLES AND AWARDS 2017–2018

Kellogg Cancer Center physicians are active in a broad range of regional and national organizations.

Bruce Brockstein, MD

- Member, Head and Neck Committee, Eastern Cooperative Oncology Group, 2000-present
- *Chicago* magazine Top Doctors, 2006, 2008, 2010, 2012, 2014, 2016
- Editorial:**
- Manuscript Reviewer: *Head and Neck, Annals of Surgical Oncology*
- Grant Reviewer: *Cancer Research UK*
- *UpToDate* (Online Textbook), Chapter Editor, Head and Neck Cancer, 2000-present

Nicholas Campbell, MD

- Editorial:**
- Reviewer: *Lung Cancer, Clinical Case Reports*

Claus Fimmel, MD, CPE

- Advisory Board, American Liver Foundation, Chicago Chapter, 2008-present
- Editorial:**
- The *Open Proteomics Journal* (ISSN 1875-0397) (2008-current); *Liver Cancer Review Letters* (2009-current)
- Ad Hoc Reviewer: *Hepatology, American Journal of Gastroenterology, American Journal of Physiology, Journal of Hepatology, Journal of Laboratory and Clinical Investigation, Laboratory Investigation, American Journal of Pathology, Oncogene, Gastroenterology, Clinical Gastroenterology and Hepatology, Journal of Cellular Biochemistry, Journal of Proteome Research, Proceedings of the National Academy of Sciences, PLOS Medicine, ACG Case Reports Journal, World Journal of Hepatology*

David Grinblatt, MD

- Community Oncology Committee, ALLIANCE for Clinical Trials in Oncology, 2010-present

Editorial:

Ad Hoc Reviewer: *Annals in Oncology*, 1996-present

Brian Helfand, MD

- Named the Ronald L. Chez Family and Richard Melman Chair of Prostate Cancer
- Outstanding Poster Presentation, American Urological Association
- Principal Investigator, Northwestern SPORE NIH grant in prostate cancer

Thomas Hensing, MD

- Lung Cancer Initiative Advisory Council, Respiratory Health Association, 2005-present
- Respiratory Committee Member, Alliance for Clinical Trials in Oncology, 2010-present

Presentations/Invited Lectures:

- “Session 3: Mutation-Independent Therapy—Updates on Anti-angiogenic Agents.” Chicago Lung Cancer Updates 2018, Chicago, IL, November 16, 2018
- “Lung Cancer Updates.” IL IAPA 2018 Fall CME Conference, Deerfield, IL, September 14, 2018
- “Squamous NSCLC LL 2017.” Grand Rounds Presentation, Virginia Hospital Center, Arlington, VA, January 19, 2018

Jean Hurteau, MD

- Member, Gynecologic Oncology Group (GOG), Development Therapeutics Committee, 2012-present; Member, Rare Tumor Committee, 2012-present
- Member, Gynecologic Cancer Foundation (GCF), Editorial Board, 1999-present
- Member, Society of Gynecologic Oncology (SGO), International Committee, 2013-present
- Member, Fellowship Program Directors Committee, 2012-present

Editorial:

- Ad Hoc Reviewer: *Gynecologic Oncology, Cancer, Journal of National Cancer Institute, Journal of Laboratory and Clinical Medicine, Year Book of Obstetrics and Gynecology, Cancer Research, Journal of Surgical Oncology, International Journal of Obstetrics and Gynaecology, Journal of Reproductive Sciences*
- Editorial Boards: *Cancer, Year Book of Obstetrics and Gynecology* (Gynecologic Oncology Section Editor), *Gynecologic Oncology, Women’s Cancer Network—Internet Journal*

Invited Lectures:

- “Clinical Trial Update in Cervical, Vulvar and Gestational Trophoblastic Disease.” Society of Gynecologic Oncology Early Career Educational Summit, Chicago, IL, September 9, 2017

Karen Kaul, MD

- American Board of Pathology: Appointed Trustee, 2011-present; ACGME Residency Program Review Committee, 2012-present; Secretary, Executive Committee, 2015-present; Communications Task Force, 2012-present; Chair, Test Development & Advisory Committee for Molecular Genetics, 2012-present; Vice President, Executive Committee, 2017; President, Executive Committee, 2018; ABP/PROD Entrustable Professional Activities Task Force, 2017; Maintenance of Certificate Committee, 2012-present; Credentials Committee, 2012-present; ACGME Milestones 2 Committee 2018-present
- College of American Pathologists, Member, Executive Advisory Board, *Archives of Pathology & Laboratory Medicine*, 2015-present
- PRODS (Pathology Residency Program Directors), Member PRODS Council, 2009-present; Council of Medical Specialty Societies/OPDA representative, 2009-present; Training Residents in Genomics (TRIG) Joint Committee, 2010-present
- Association of Pathology Chairs, Member, 2012-present; elected Chair, GME Committee, 2015-2018; Executive Council, 2015-present
- Ad Hoc Member, NIH/NCI P01 reviewer, 2001-present
- SBIR Review Panels, various (Panel Chairperson 2010-present), 2008-present
- Peer Reviewer, Prostate Cancer Foundation, 2010-present
- Peer Reviewer, University of Chicago CTSA Pilot Program, 2011-present
- Chair, NorthShore Auxiliary Breast/Ovarian Research Program, 2013-present

Karen Kaul, MD (continued)

Editorial Activities:

- Editorial Board, *Annual Reviews in Pathology*, 2011-present
- Associate Editor, *Academic Pathology*, 2014-present
- Executive Advisory Board, *Archives of Pathology & Laboratory Medicine*, 2015-present
- Ad Hoc Reviewer: *Cell Growth and Differentiation, Pediatric Pathology, Cancer, Clinical Microbiology Reviews, Tubercle, Chest, Archives of Pathology & Laboratory Medicine, Clinical Chemistry, American Journal of Clinical Pathology*, 1990-present

Janardan Khandekar, MD

Editorial:

- Associate Editor, *Journal of Surgical Oncology*
- Reviewer: *JAMA Oncology, Journal of National Cancer Institute*

Invited Lectures:

- Invited plenary session talk on “Personalized Oncology” at annual meeting of Japanese Society of Oncology (JASCO) Yokohoma, Japan

Katherine Kopkash, MD

- Member, Oncoplastic Surgery Committee, American Society of Breast Surgeons
- Chair of Oncoplastic Breast Surgery for Beginners Curriculum Committee, American Society of Breast Surgeons

Seth Krantz, MD

- Question Writer, Self-Education Self-Assessment in Thoracic Surgery (SESATS) XIII (13)

Editorial:

- Reviewer: *American Journal of Clinical Oncology*, 2016-present; *Annals of Thoracic Surgery*, 2015-present; *Journal of Thoracic and Cardiovascular Surgery*, 2014-present; *Annals of Surgical Oncology*, 2011-present

Awards:

- Richard J. Clark Memorial Award, Society of Thoracic Surgeons, 2018

Robert Marsh, MD

- Member, GI Committee, Eastern Cooperative Oncology Group

Editorial Work:

- *American Journal of Clinical Oncology, British Medical Journal, Cancer, Cancer Management and Research, Cell, European Journal of Surgical Oncology, Journal of Cancer Research and Clinical Oncology, Journal of Surgical Oncology, Journal of the Pancreas, Lancet Oncology, Public Library of Science, Rogers Medical Intelligence Solutions CME Programs, Southern Medical Journal, Therapeutic Advances in Gastroenterology*

Catherine E. Pesce, MD

- Young Surgeons Committee of the Chicago Surgical Society

Gustavo Rodriguez, MD

- Member, Cancer Prevention and Control Committee, Gynecologic Oncology Group, 1997-present
- Medical Advisory Board, Chicago Ovarian Cancer Alliance, 2003-present
- Advisory Board, Gilda’s Club, Chicago, IL, 2004-present

Carol Rosenberg, MD

- Coleman Foundation Citywide Supportive Oncology Initiative (CSOI) Survivorship Design Member/Consultant
- Patient-Centered Outcomes Research Initiative (PCORI) National Comparative Effectiveness Evaluation of Survivorship Programs in the United States. LIFE Site Project Supervisor—LIFE Program Participant Program
- Chair of 2018 Cancer Survivorship Symposium, ASCO-ACP-AAFP Advancing Care and Research—A Primary Care and Oncology Collaboration; American College of Physicians (ACP) Survivorship Steering Committee, faculty-invited lecturer Orlando, FL February 16-17, 2018
- Research Investigator Women’s Health Initiative Study, National Institutes of Health (NIH), 1999-present

Invited Speaker 2018:

- 2018 Cancer Survivorship Symposium, ASCO-ACP-AAFP Advancing Care and Research—A Primary Care and Oncology Collaboration. Chair and Invited Faculty Presenter: Advancing the Primary Care Physician’s Role in Survivorship Care. Orlando, FL, February 16-17, 2018
- LIFE as a Previvor Workshop Symposium: Strategies for Breast and Ovarian Cancer Predisposition Genes Coordinator, Moderator and Presenter Myra Rubenstein Weis Leadership Board Workshop Symposium website video northshore.org/previvor January 2018

Prem Seth, PhD

- Editorial Board, Cancer Gene Therapy
- Editorial Board, Molecular Therapy—Oncolytics

Grant Awarded:

- National Cancer Institute 1 R41 CA224504-01A1. Project Title: Overcoming anti-PD-1 resistance by systemic delivery of an oncolytic adenovirus that targets TGF-beta (Seth Prem, PI)

Daniel Shevrin, MD

- Director, Advocacy Core Prostate SPORE, Northwestern University, 2003-present
- Medical Director, NorthShore Chapter of US TOO Prostate Cancer Support Group, 2002-present
- Board Member, Cancer Wellness Center; Northbrook, IL, 2010-present
- Member, National Cancer Institute (NCI) GU Steering Committee, 2014-2017

Mark Sisco, MD, FACS

- Program Committee, Breast Subsection, American Society of Plastic Surgeons, 2015-present
- In-Service Examination Committee, American Society of Plastic Surgeons, 2016-present

Editorial:

- Editorial Board Member and Peer Reviewer, *Microsurgery*, 2017
- Peer Reviewer, *Cancer Control*, 2017
- Editorial Board Member and Peer Reviewer, *Journal of Surgical Oncology*, 2014-present
- Peer Reviewer, *Journal of Surgical Research*, 2010-present

Presentations:

- Sisco M. “Implant-based post-mastectomy reconstruction: A personal evolution.” Grand Rounds. Section of Plastic Surgery. University of Chicago Pritzker School of Medicine. Chicago, IL, April 2018
- Sisco M. “Timing of Reconstruction for Patients Undergoing Systemic Therapy.” Oral Presentation. American Society of Breast Surgeons, Orlando, May 2018

Awards/Honors:

- Designated Plastic Surgery Expert at the American Society of Breast Surgeons (ASBS) Annual Meeting

Mark Talamonti, MD

- Society of Surgical Oncology, Foundation Board of Directors, 2014-2019; Chairman, Corporate Relations Committee, 2017-2019; Chairman, Local Arrangements Committee, 2017-2018
- Western Surgical Association, Membership Committee, 2012-present; Treasurer, 2012-present, Elected President, 2017-2018

Editorial:

- Editorial Board: *Annals of Surgical Oncology, Journal of Surgical Oncology*; (Section Editor, *Hepatobiliary and Pancreas*)
- Invited Reviewer: *American Journal of Surgery, Annals of Surgery, Archives of Surgery, Cancer, Journal of the American College of Surgeons, Journal of Clinical Oncology, Oncology, Surgery, World Journal of Surgery*

Invited Speaker/Presentations:

- “Improving Outcomes in Patients with Pancreatic Cancer—Major Priorities for the Next Decade.” Southern Illinois Medical School, Springfield, IL, February 21-22, 2018
- “The Business Case for HPB Surgery: Why It Matters.” Americas Hepato-Pancreato-Biliary Association (AHPBA) Meeting, Miami, FL, March 8, 2018. (Presenter and Panel Moderator)

Awards:

- Outstanding Faculty Teacher Award, Department of Surgery, University of Chicago Pritzker School of Medicine, 2017 and 2018
- Castle and Connelly and *Chicago* Magazine, Top Doctors in America and Chicago, 1995-2018
- *U.S. News & World Report*, Top 1% of Surgeons in America, 2007-2018

Elaine Wade, MD

- President, North Shore Regional Division, American Cancer Society, 2007-present

Lauren Wiebe, MD

- Palliative Care Research Cooperative Group, NorthShore Site Organizational Lead, 2017-present
- Palliative Care Research Cooperative Group, Scientific Review Committee Member, 2016-2019
- Palliative Care Research Cooperative Group, Junior Investigator, 2014-present
- Coleman Supportive Oncology Collaborative, Advanced Disease Team, Member, 2016-2018
- Honorary Co-Chair for the Greater Chicago PANCan (Pancreas Cancer Action Network) PurpleStride Fundraiser, 2017-2019

Editorial:

- Invited Peer Reviewer, *Journal of Oncology Practice*, 2017

David J. Winchester, MD

- Director, Rice Foundation, 1998—present
- American Joint Committee on Cancer (AJCC), 2004-present; Vice-Chairman, 2011-present; Committee, 2008-present; Education and Promotions Committee, 2007-present
- American College of Surgeons, Metropolitan Chicago District #2 Committee on Applicants, 1999-present
- Member, Alliance ACS Clinical Research Program, 2012-present
- Elected Member, American Surgical Association, April 2017

Editorial:

- Member of Editorial Board, *American Journal of Clinical Oncology*, 2006-present; Associate Editor, 2009-present
- Member of Editorial Advisory Board, *American Family Physician*, 2012-present
- Member of Editorial Board, *Journal of Surgical Oncology*, 2015-present
- Ad Hoc Reviewer: *Annals of Surgical Oncology, British Journal of Cancer, Cancer, Canadian Medical Association Journal, Clinical Breast Cancer, Cancer Control: Journal of the Moffitt Cancer Center, Journal of Clinical Oncology, The Lancet Oncology, World Journal of Surgical Oncology*

Katharine Yao, MD

- Vice Chair, National Accreditation Program for Breast Centers, 2018
- Member, Genetics Committee, American Society of Breast Surgeons, 2018
- Program Chair, American Society of Breast Surgeons, 2018
- Local Arrangements Committee, Society of Surgical Oncology, 2017
- Prevention Committee of the Alliance, Women’s Cancer Working Group Chair, 2017
- American Board of Surgery Certifying Exam Committee, Breast Section, 2017
- Member, Commission on Cancer, QIC Committee, 2017
- Editorial Boards:**
- *Surgical Oncology*, 2017-2018
- *Annals of Surgery*, 2017-2018

RESEARCH PUBLICATIONS 2018



Ahn IE, Farber CM, Davids MS, **Grinblatt DL**, Kay NE, Lamanna N, Mato A, Nabhan C, Kiselev P, Swern AS, Flick ED, Sullivan K, Sharman JP, Flowers CR. Early progression of disease as a predictor of survival in chronic lymphocytic leukemia. *Blood Adv*. 2017 Nov 28;1(25):2433-2443. doi: 10.1182/bloodadvances.2017011262. eCollection 2017 Nov 28. PMID: 29296893

Ajmani GS, James TA, Kantor O, **Wang CH**, **Yao KA**. The Impact of Facility Volume on Rates of Pathologic Complete Response to Neoadjuvant Chemotherapy Used in Breast Cancer. *Ann Surg Oncol*. 2017 Oct;24(11):3157-3166. doi: 10.1245/s10434-017-5969-1. Epub 2017 Jul 6. PMID: 28685357

Ajmani GS, **Liederbach E**, **Kyrillos A**, **Wang CH**, Pinto JM, **Bhayani MK**. Adjuvant radiation and survival following surgical resection of sinonasal melanoma. *Am J Otolaryngol*. 2017 Nov–Dec;38(6):663-667. doi: 10.1016/j.amjoto.2017.08.010. Epub 2017 Aug 30. PMID: 28877859

Ajmani GS, **Nocon CC**, **Brockstein BE**, **Campbell NP**, **Kelly AB**, **Allison J**, **Bhayani MK**. Association of a Proactive Swallowing Rehabilitation Program With Feeding Tube Placement in Patients Treated for Pharyngeal Cancer. *JAMA Otolaryngol Head Neck Surg*. 2018 Jun 1;144(6):483-488. doi: 10.1001/jamaoto.2018.0278. PMID: 29710108

Ajmani GS, **Nocon CC**, **Wang CH**, **Bhayani MK**. Assessment of adjuvant therapy in resected head and neck cancer with high-risk features. *Oral Oncol*. 2017 Nov;74:15-20. doi: 10.1016/j.oraloncology.2017.09.005. Epub 2017 Sep 14. PMID: 29103745

Ajmani GS, **Wang CH**, **Kim KW**, Howington JA, **Krantz SB**. Surgical quality of wedge resection affects overall survival in patients with early stage non-small cell lung cancer. *J Thorac Cardiovasc Surg*. 2018 Jul;156(1):380-391.e2. doi: 10.1016/j.jtcvs.2018.02.095. Epub 2018 Mar 13. PMID: 29680711

Albayram O, Kondo A, Mannix R, Smith C, Tsai CY, Li C, Herbert MK, Qiu J, Monuteaux M, Driver J, Yan S, Gormley W, Puccio AM, Okonkwo DO, Lucke-Wold B, **Bailes J**, Meehan W, Zeldel M, Lu KP, Zhou XZ. Cis P-tau is induced in clinical and preclinical brain injury and contributes to post-injury sequelae. *Nat Commun*. 2017 Oct 17;8(1):1000. doi: 10.1038/s41467-017-01068-4. PMID: 29042562

Alkureishi LWT, **Bhayani MK**, **Sisco M**. Superficial Inferior Epigastric Artery Flap for a Total Parotidectomy Defect. *Eplasty*. 2017 Dec 18;17:e38. eCollection 2017. PMID: 29308106

Alkureishi LWT, Purnell CA, **Park P**, **Bauer BS**, Fine NA, **Sisco M**. Long-Term Outcomes After Pediatric Free Flap Reconstruction. *Ann Plast Surg*. 2018 Oct;81(4):449-455. doi: 10.1097/SAP.0000000000001549. [Epub ahead of print] PMID: 29975233

Al-Ogailli A, Fuentes HE, **Tafur AJ**, **Caprini J**. Risk assessment as a guide for the prevention of cancer-associated thromboembolism. *Int Angiol*. 2018 Aug;37(4):269-276. doi: 10.23736/S0392-9590.18.03982-2. Epub 2018 Apr 11. PMID: 29644835

Andreev VP, Liu G, Yang CC, Smith AR, Helmuth ME, Wiseman JB, Merion RM, Weinfurt KP, Cameron AP, Lai HH, Cella D, Gillespie BW, **Helfand BT**, Griffith JW, DeLancey JOL, Fraser MO, Clemens JQ, Kirkali Z; LURN Study Group. Symptom-Based Clustering of Women in the LURN Observational Cohort Study. *J Urol*. 2018 Jul 7. pii: S0022-5347(18)43479-9. doi: 10.1016/j.juro.2018.06.068. [Epub ahead of print] PMID: 29990467

Baksheshian J, Strickland BA, Jackson C, Chaichana KL, Young R, Pradilla G, Chen JW, **Bailes J**, Zada G. Multicenter Investigation of Channel-Based Subcortical Trans-Sulcal Exoscopic Resection of Metastatic Brain Tumors: A Retrospective Case Series. *Oper Neurosurg* (Hagerstown). 2018 Apr 18. doi: 10.1093/ons/opy079. [Epub ahead of print] PMID: 29912398

Bancroft EK, Saya S, Page EC, Myhill K, Thomas S, Pope J, Chamberlain A, Hart R, Glover W, Cook J, Rosario DJ, **Helfand BT**, Hutten Selkirk C, Davidson R, Longmuir M, Eccles DM, Gadea N, Brewer C, Barwell J, Salinas M, Greenhalgh L, Tischkowitz M, Henderson A, Evans DG, Buys SS; IMPACT Study Steering Committee; IMPACT Collaborators, Eeles RA, Aaronson NK. Psychosocial impact of undergoing prostate cancer screening for men with BRCA1 or BRCA2 mutations. *BJU Int*. 2018 May 26. doi: 10.1111/bju.14412. [Epub ahead of print] PMID: 29802810

Benjamin AJ, Baker TB, **Talamonti MS**, Bodzin AS, Schneider AB, **Winchester DJ**, Roggin KK, Bentrem DJ, **Suss NR**, Baker MS. Liver transplant offers a survival benefit over margin negative resection in patients with small unifocal hepatocellular carcinoma and preserved liver function. *Surgery*. 2018 Mar;163(3):582-586. doi: 10.1016/j.surg.2017.12.005. Epub 2018 Jan 20. PMID: 29370929

Berntsson SG, **Merrell RT**, Amirian ES, Armstrong GN, Lachance D, Smits A, Zhou R, Jacobs DI, Wrensch MR, Olson SH, Il'yasova D, Claus EB, Barnholtz-Sloan JS, Schildkraut J, Sadetzki S, Johansen C, Houston RS, Jenkins RB, Bernstein JL, Lai R, Shete S, Amos CI, Bondy ML, Melin BS. Glioma-related seizures in relation to histopathological subtypes: A report from the glioma international case-control study. *J Neurol*. 2018 Jun;265(6):1432-1442. doi: 10.1007/s00415-018-8857-0. Epub 2018 Apr 23. PMID: 29687214

Bhatia AK, Lee JW, Pinto HA, Jacobs CD, Limburg PI, Rubin P, Arusell RM, Dunphy EP, **Khandekar JD**, Reiner SA, Baez-Diaz L, Celano P, Li S, Li Y, Buttness BA, Adams GL, Pandya KJ. Double-blind, randomized phase 3 trial of low-dose 13-cis retinoic acid in the prevention of second primaries in head and neck cancer: Long-term follow-up of a trial of the Eastern Cooperative Oncology Group-ACRIN Cancer Research Group (C0590). *Cancer*. 2017 Dec 1;123(23):4653-4662. doi: 10.1002/cncr.30920. Epub 2017 Aug 7. PMID: 28786105

Bhayani MK. Human papillomavirus in the nasopharynx: A true entity? *Head Neck*. 2018 Apr;40(4):707-709. doi: 10.1002/hed.25048. Epub 2018 Jan 11. PMID: 29323770

Bishop EA, Java JJ, Moore KN, Spirots NM, Pearl ML, Zivanovic O, Kushner DM, Backes F, Hamilton CA, Geller MA, **Hurteau J**, Mathews C, Wenham RM, Ramirez PT, Zweigig S, Walker JL. Surgical outcomes among elderly women with endometrial cancer treated by laparoscopic hysterectomy: A NRG/Gynecologic Oncology Group study. *Am J Obstet Gynecol*. 2018 Jan;218(1):109.e1-109.e11. doi: 10.1016/j.ajog.2017.09.026. Epub 2017 Oct 14. PMID: 29037481

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Brown CS, Gwilliam N, **Kyrillos A**, **Lufti W**, **Lapin B**, **Kim KW**, **Krantz SB**, Howington JA, **Yao K**, **Ujiki MB**. Predictors of pathologic upstaging in early esophageal adenocarcinoma: Results from the national cancer database. *Am J Surg*. 2018 Jul;216(1):124-130. doi: 10.1016/j.amjsurg.2017.07.015. Epub 2017 Jul 18. PMID: 28802729

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CANCER DATA SUMMARY 2017

INCIDENCE OF CANCER 2017

In 2017, 4,222 new cancer cases were accessioned into the NorthShore University HealthSystem (NorthShore) Cancer Registry. Of those, 3,978 cases (94.2 percent) were analytic. By definition, analytic cases are those patients newly diagnosed with malignant neoplasm and/or have received all or part of their first course of treatment at one of our hospitals. The remaining 244 cases (5.8 percent) were non-analytic. Non-analytic cases are patients initially diagnosed and treated at another facility who now are receiving treatment for progression or recurrence of their disease at NorthShore. **Details by site are provided in Table 1.**

CLASS OF CASE 2017

Class of Case divides cases into two groups, analytic cases (Class 00-22) and non-analytic cases (Class 30-49).

Class 00-14, which account for 3,438 cases, were those malignancies diagnosed at one of our four hospitals or in an office of our medical group. Once diagnosed with cancer, 3,192 (93 percent) of our patients remained at NorthShore for their treatment. Class 20-22, totaling 540 cases, were diagnosed elsewhere and referred here for treatment. Class 30-49, a total of 244 cases, were diagnosed and treated elsewhere and referred here for treatment of a recurrence or progression of disease.

OVERALL TOP 10 SITES 2017

The top 10 cancers seen at NorthShore are breast (833), prostate (543), lung and bronchus (310), skin (299), hematopoietic and reticuloendothelial system (279), bladder (180), colon (178), thyroid (138), pancreas (130) and corpus uteri (129). These top 10 sites represent 72 percent of all cancers seen at NorthShore.

Among women, breast cancer continues to be our top site representing 20 percent of the total cases seen at NorthShore. The next most frequent cancers seen in women were lung, hematopoietic and reticuloendothelial system, skin, and corpus uteri.

Among men, prostate cancer continues to be our top site representing 13 percent of the total cases seen at NorthShore. The next most frequent cancers seen in men were skin, lung, bladder and cancers of the hematopoietic and reticuloendothelial system.

Table 1: Incidence of Cancer—2017 Data Summary

Primary Site	Analytic	Non-Analytic	Total	Percentage
ORAL CAVITY & PHARYNX	83	1	84	2.0%
Lip	7	0	7	0.2%
Base of Tongue	16	0	16	0.4%
Other Tongue	14	1	15	0.4%
Gum	4	0	4	0.1%
Floor of Mouth	4	0	4	0.1%
Palate	6	0	6	0.1%
Other Mouth	5	0	5	0.1%
Parotid Gland	2	0	2	0.0%
Other Major Salivary Glands	2	0	2	0.0%
Tonsil	15	0	15	0.4%
Oropharynx	1	0	1	0.0%
Nasopharynx	1	0	1	0.0%
Pyriform Sinus	2	0	2	0.0%
Hypopharynx	2	0	2	0.0%
Other Lip, Oral Cavity & Pharynx	2	0	2	0.0%
DIGESTIVE SYSTEM	553	26	579	13.7%
Esophagus	27	0	27	0.6%
Stomach	44	2	46	1.1%
Small Intestine	18	5	23	0.5%
Colon	171	7	178	4.2%
Rectosigmoid Junction	15	1	16	0.4%
Rectum	71	2	73	1.7%
Anus & Anal Canal	13	2	15	0.4%
Liver & Intrahepatic Bile Duct	30	1	31	0.7%
Gallbladder	11	0	11	0.3%
Other Parts of Biliary Tract	15	0	15	0.4%
Pancreas	125	5	130	3.1%
Other Digestive Organs	13	1	14	0.3%
RESPIRATORY SYSTEM	326	15	341	8.1%
Nasal Cavity & Middle Ear	4	2	6	0.1%
Accessory Sinuses	4	0	4	0.1%
Larynx	21	0	21	0.5%
Bronchus & Lung	297	13	310	7.3%
BONES & JOINTS	11	0	11	0.3%
Bones & Cartilage of Limbs	1	0	1	0.0%
Bones & Cartilage of Other	10	0	10	0.2%
HEMATOPOIETIC & RETICULOENDOTHELIAL SYSTEM	256	23	279	6.6%
SKIN (EXCLUDING BASAL & SQUAMOUS)	296	3	299	7.1%
SOFT TISSUE (INCLUDING HEART)	33	4	37	0.9%
Retroperitoneum & Peritoneum	4	1	5	0.1%
Connective & Other Soft Tissue	22	2	24	0.6%
Heart, Mediastinum & Pleura	7	1	8	0.2%
BREAST	806	27	833	19.7%
FEMALE GENITAL SYSTEM	233	27	260	6.2%
Vulva	11	16	27	0.6%
Vagina	1	2	3	0.1%
Cervix Uteri	14	0	14	0.3%
Corpus Uteri	128	1	129	3.1%
Uterus, NOS	6	1	7	0.2%
Ovary	52	5	57	1.4%
Other Female Genital Organs	21	2	23	0.5%
MALE GENITAL SYSTEM	513	50	563	13.3%
Penis	4	0	4	0.1%
Prostate Gland	496	47	543	12.9%
Testis	13	3	16	0.4%
URINARY SYSTEM	285	15	300	7.1%
Kidney	92	6	98	2.3%
Renal Pelvis	14	0	14	0.3%
Ureter	3	0	3	0.1%
Bladder	171	9	180	4.3%
Other Urinary Organs	5	0	5	0.1%
EYE & ORBIT	8	0	8	0.2%
BRAIN & OTHER NERVOUS SYSTEMS	178	24	202	4.8%
Meninges	93	10	103	2.4%
Brain	47	9	56	1.3%
Spinal Cord & Other CNS	38	5	43	1.0%
ENDOCRINE SYSTEM	214	17	231	5.5%
Thyroid Gland	128	10	138	3.3%
Other Endocrine Glands	86	7	93	2.2%
LYMPHOMA (EXCLUDING HEMATOPOIETIC & RETICULOENDOTHELIAL SYSTEM)	146	11	157	3.7%
Lymph Nodes	105	8	113	2.7%
Other Sites	41	3	44	1.0%
OTHER & UNKNOWN SITES	37	1	38	0.9%
Other Sites	4	0	4	0.1%
Unknown Primary Sites	33	1	34	0.8%
Total	3,978	244	4,222	100%

CANCER CONFERENCES

Breast Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868, Mondays, 7:30 a.m.
NorthShore Glenbrook and Highland Park
Hospitals Videocast

Colorectal Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868
2nd and 4th Fridays, 7 a.m.
NorthShore Glenbrook and Highland Park
Hospitals Videocast

Genitourinary Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868
1st and 3rd Fridays, 7 a.m.
NorthShore Glenbrook Hospital Videocast

Gynecology Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868, Thursdays, 7 a.m.
NorthShore Glenbrook and Highland Park
Hospitals Videocast

Head and Neck Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868
1st and 3rd Thursdays, 8 a.m.

Hematology/Pathology Conferences

NorthShore Evanston Hospital
Pathology Conference Room 1923
Tuesday, 9:00 a.m.
NorthShore Glenbrook and Highland Park
Hospitals Videocast

Hepatic Biliary Pancreatic Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868, Tuesdays, 7 a.m.
NorthShore Glenbrook and Highland Park
Hospitals Videocast

Molecular Oncology Conferences

NorthShore Evanston Hospital
Kellogg Room 4818, 1st Friday, 7 a.m.

Neuro-Oncology Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868
2nd and 4th Wednesdays, 7:30 a.m.
NorthShore Glenbrook and Highland Park
Hospitals Videocast

Sarcoma/Melanoma Conferences

NorthShore Evanston Hospital
Kellogg Room G868
1st and 3rd Wednesdays, 8 a.m.
NorthShore Glenbrook and Highland Park
Hospitals Videocast

Thoracic Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868, Tuesdays, noon
NorthShore Glenbrook and Highland Park
Hospitals Videocast

PHYSICIAN TEAMS

Brain & Spine/Neurologic

Julian Bailes, MD
Shakeel Chowdhry, MD
Ryan Merrell, MD
Ricky Wong, MD

Breast

Ermilo Barrera, MD
Katherine Kopkash, MD
Lawrence Krause, MD
Teresa Murray Law, MD
Douglas Merkel, MD
Catherine Pesce, MD
Poornima Saha, MD
Mark Sisco, MD
Elaine Lee Wade, MD
David J. Winchester, MD
Katharine Yao, MD

Endocrine

Mihir Bhayani, MD
Janardan Khandekar, MD
Tricia Moo-Young, MD
Cheryl Nocon, MD
Richard Prinz, MD
David J. Winchester, MD

Gastrointestinal

(Colon, Esophageal,
Liver, Pancreatic, Stomach)

Matthew Adess, MD
Marisa Hill, MD
John Linn, MD
Robert Marsh, MD
Joseph Muldoon, MD
Jennifer Paruch, MD
Ariel Polish, MD
James Spitz, MD
Mark Talamonti, MD
Michael Ujiki, MD
Lauren Wiebe, MD

Genitourinary

(Bladder, Kidney,
Prostate, Testicular)

Michael Blum, MD
Peter Colegrove, MD
Britt Hanson, DO
Brian Helfand, MD, PhD
Thomas Keeler, MD
Teresa Murray Law, MD
Michael McGuire, MD
Kristian Novakovic, MD
Sangtae Park, MD, MPH
Nicklas Pfanzelter, MD
Ariel Polish, MD
Daniel Shevrin, MD

Gynecologic

(Cervical, Endometrial/
Uterine, Ovarian, Vaginal)

Mary Tilley Jenkins
Vogel, MD
Carolyn Kirschner, MD
Elena Moore, MD
Gustavo Rodriguez, MD

Head & Neck

(Larynx, Mouth,
Throat, Thyroid)

Mihir Bhayani, MD
Bruce Brockstein, MD
Nicholas Campbell, MD
Aaron Friedman, MD
Thomas Hensing, MD
Tricia Moo-Young, MD
Cheryl Nocon, MD
Richard Prinz, MD
Joseph Raviv, MD
Michael Shinnars, MD
David J. Winchester, MD
Ricky Wong, MD

Hematology

(Leukemia,
Lymphoma, Myeloma)

Matthew Adess, MD
Alla Gimelfarb, MD
David Grinblatt, MD
Britt Hanson, DO
Lynne Kaminer, MD
Jason Kaplan, MD
Ariel Polish, MD
Erwin Robin, MD

Lung/Thoracic

Nicholas Campbell, MD
Thomas Hensing, MD
Ki Wan Kim, MD
Seth Krantz, MD
Ariel Polish, MD

Medical Genetics

Peter Hulick, MD
Andrew Melnyk, MD

Melanoma/Skin Cancer

Ermilo Barrera, MD
Bruce Brockstein, MD
Britt Hanson, DO
Ross Levy, MD
Luzheng Liu, MD
Gregg Menaker, MD
Bernhard Ortel, MD
Jason Waldinger, MD
David J. Winchester, MD

Radiation/Oncology

William Bloomer, MD
Ranjeev Nanda, MD
Vathsala Raghavan, MD
Arif Shaikh, MD

Sarcoma/Bone

Ermilo Barrera, MD
Bruce Brockstein, MD
Mark Talamonti, MD
David J. Winchester, MD

PHYSICIAN DIRECTORY



Matthew Adess, MD
Medical Director, Highland Park Kellogg Cancer Center
Expertise: GI Oncology; Benign and Malignant Hematology
Locations: GBK, GR, HPK



Marc Alonzo, MD
Expertise: Interventional Radiology
Locations: EH, GB, HP



Thomas Aquisto, MD
Expertise: Interventional Radiology
Location: EH



Julian Bailes, MD
Chair, Department of Neurosurgery Co-Director, NorthShore Neurological Institute
Expertise: Brain and Spine Tumor Surgery
Locations: EV, HPS



Ermilo Barrera, MD
Expertise: Surgical Oncology with Emphasis on Breast, Melanoma, and Sarcoma; General Surgery
Locations: GBB, GBM



Mihir Bhayani, MD
Expertise: Head and Neck Cancers; Thyroid and Parathyroid Surgery; Robotic Surgery
Locations: EVK, NBM, VH



William Bloomer, MD
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Expertise: Breast Cancer; Prostate Cancer; Lung and Gastrointestinal Cancer
Locations: EH, HP



Michael Blum, MD
Expertise: Urologic Oncology; Sexual Dysfunction; Infertility
Locations: EH, HPS



Bruce Brockstein, MD
Division Head, Hematology/Oncology Medical Director, Kellogg Cancer Center
Expertise: Head and Neck; Melanoma; Sarcoma
Locations: EVK, HPK



Nicholas Campbell, MD
Expertise: Lung Cancer; Esophageal Cancer; Head and Neck Cancers
Locations: EVK, HPK



Shakeel Chowdhry, MD
Expertise: Brain and Spine Tumor Surgery; Stereotactic Radiosurgery
Locations: EV, GB



Peter Colegrove, MD
Expertise: Sexual Dysfunction; Urologic Oncology; Incontinence; Prostate Health
Locations: EV, GB



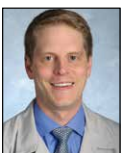
Allison DePersia, MD
Expertise: High Risk Breast, Hereditary Cancer
Location: EV



Hector Ferral, MD
Expertise: Interventional Radiology
Location: EH



Claus Fimmel, MD
Expertise: Liver Diseases; Gastrointestinal Diseases; GI Endoscopy; Liver Biopsy
Locations: EV, HPS, SK



Aaron Friedman, MD
Expertise: Benign and Malignant Laryngeal Tumors; Vocal Cord Cancer
Location: NMB



Alla Gimelfarb, MD
Expertise: Benign and Malignant Hematology
Location: GBK



David Grinblatt, MD
Expertise: Benign and Malignant Hematology
Locations: EVK, GBK



Britt Hanson, DO
Expertise: Melanoma; Genitourinary Cancer; Benign and Malignant Hematology
Locations: GR, HPK



Brian Helfand, MD, PhD
Division Head, Urology
Expertise: Prostate Cancer; Benign Prostatic Hyperplasia; Laparoscopic Surgery; Robotic Assisted Surgery; Laser Surgery
Location: GB



Thomas Hensing, MD
Medical Director, Evanston Kellogg Cancer Center; Deputy Division Head, Hematology/Oncology
Expertise: Lung Cancer; Esophageal Cancer; Head and Neck Cancers
Locations: EVK, GBK



Marisa Hill, MD
Expertise: GI Oncology
Locations: EH, HP



Mellisa Hogg, MD
Expertise: Gastrointestinal Surgical Oncology; Pancreatic Cancer; Primary and Metabolic Liver Tumors; Neuro-endocrine Tumors; Cancers of the Stomach & Duodenum; Benign Hepatobiliary
Locations: EV, EVK, GBM



Peter Hulick, MD, MMSc
Division Head, Medical Genetics Director, Center for Personalized Medicine
Expertise: Medical Genetics
Locations: EV, HPK



Mary Tilley Jenkins Vogel, MD
Expertise: Gynecologic Oncology
Locations: EVK, GBK, HPK



Lynne Kaminer, MD
Section Chief, Hematology
Expertise: Benign and Malignant Hematology
Locations: EVK, GBK



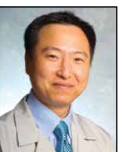
Jason Kaplan, MD
Expertise: Benign and Malignant Hematology
Locations: EV, HP, LB



Thomas Keeler, MD
Expertise: Urolithiasis; Urologic Oncology; Incontinence
Locations: EV, GB



Janardan Khandekar, MD
Director, Center for Molecular Medicine
Expertise: Endocrine; Breast Cancer
Location: EVK



Ki Wan Kim, MD
Interim Division Head, Thoracic Surgery
Expertise: Lung Cancer; Esophageal Cancer; Minimally Invasive Thoracic Surgery
Locations: GBK, SK



Carolyn Kirschner, MD
Expertise: Gynecologic Oncology; Cancer Survivorship
Locations: EVK, GBK



Katherine Kopkash, MD
Breast Cancer; Oncoplastic Breast Surgery; Breast Health; Breast Disease and Surgery
Locations: EVB, GBB



Seth Krantz, MD
Expertise: Lung Cancer; Esophageal Cancer; Minimally Invasive Thoracic Surgery
Locations: EVK, HPK, GR



Lawrence Krause, MD
Expertise: Breast Cancer; Breast Health; Breast Disease and Surgery
Locations: GR, HPB, SK



Teresa Murray Law, MD
Expertise: Breast Cancer; Prostate Cancer; Genitourinary Cancer
Locations: EVK, GR, HPK



Ross Levy, MD
Expertise: Mohs Surgery; Dermatologic Surgery; Laser Surgery; Cosmetic Surgery; Liposuction
Location: SKM



John Linn, MD
Vice Chair for Surgery, Glenbrook Hospital
Expertise: Gastrointestinal Surgical Oncology Including Stomach and Esophagus; Weight Loss Surgery; General Surgery
Locations: EV, GBM



Luzheng Liu, MD
Expertise: General Dermatology, Skin Cancers
Location: LB



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Section Chief, GI Oncology
Expertise: GI Oncology
Locations: EVK, GBK



Andrew Melnyk, MD
Expertise: Medical Genetics
Locations: EV, GBM



Gregg Menaker, MD
Expertise: Mohs Surgery; Dermatologic Surgery; Laser Surgery; Cosmetic Surgery; Liposuction
Location: SKM



Douglas Merkel, MD
Expertise: Breast Cancer
Locations: EVK, GBK, HPK



Ryan Merrell, MD
Program Director, Neuro-Oncology
Expertise: Brain Cancer; Brain Tumor; Neurologic Complications of Cancer; Tumor in the Central Nervous System (Brain or Spine)
Locations: EVK, GB, GBK



Tricia Moo-Young, MD
Expertise: Minimally Invasive Approaches to Endocrine Disorders; Thyroid and Parathyroid Surgery; Adrenal Disorders; Pancreatic Exocrine; General Surgery
Locations: HPS, VH



Elena Moore, MD
Expertise: Cervical Cancer; Endometrial Cancer; Fallopian Tube Cancer; Ovarian Cancer; Uterine Cancer; Vaginal Cancer; Vulvar Cancer
Locations: EVK, HPK



Joseph Muldoon, MD
Expertise: Minimally Invasive Colon and Rectal Surgery; Colon and Rectal Cancer; Inflammatory Bowel Disease; General Surgery
Locations: EV, GBK, GBM



Ranjeev Nanda, MD
Expertise: Stereotactic Radiosurgery; Brain Tumors; Head and Neck Cancers
Locations: EH, GBH



Cheryl Nocon, MD
Expertise: Head and Neck Cancer; Thyroid and Parathyroid Surgery; Microvascular Reconstruction
Locations: EVK, SK, VH



Kristian Novakovic, MD
Expertise: Kidney Cancer; Prostate Cancer; Minimally Invasive Techniques: Advanced Laparoscopy and daVinci Robot
Locations: EV, GB



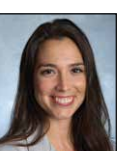
Bernhard Ortel, MD
Division Head, Dermatology
Expertise: Skin Cancer, General Dermatology, Psoriasis, Blistering Diseases
Location: SKM



Sangtae Park, MD, MPH
Expertise: Single-Port Laparoscopic Surgery; Robotic Surgery; Urolithiasis; Urologic Oncology
Locations: EV, GB



Jennifer Paruch, MD
Expertise: Minimally Invasive Colon and Rectal Surgery; Colon and Rectal Cancer; Inflammatory Bowel Disease; Anorectal Surgery; Colonoscopy; General Surgery
Locations: EV, HP



Catherine Pesce, MD
Director, Surgical Breast Program
Expertise: Breast Cancer; Breast Health; Breast Disease and Surgery
Locations: HPB, HPK



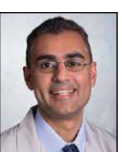
Nicklas Pfanzerter, MD
Expertise: Genitourinary Cancer, Lung Cancer
Locations: EV, GB, HP



Ariel Polish, MD
Expertise: GI Oncology, Benign and Malignant Oncology; Genitourinary Cancer; Lung Cancer; Hematology/Oncology
Locations: EVK, GBK, GR



Richard Prinz, MD
Vice Chair, Administration & Clinical Development, Department of Surgery
Expertise: Endocrine Surgery with Emphasis on Thyroid, Parathyroid, Adrenal and Pancreatic Neuroendocrine Surgery
Locations: EV, HPS, MP



Amit Pursnani, MD
Expertise: Cardio-oncology, Clinical Cardiology
Locations: EV, SK



Vathsala Raghavan, MD
Expertise: Breast Cancer; Gynecologic Oncology; Head and Neck Cancers; Thyroid Cancer
Locations: GBH, HPH

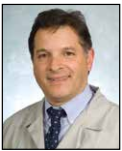


Joseph Raviv, MD
Expertise: Endoscopic Sinus and Anterior Skull Base Surgery
Locations: EV, NMB



Erwin Robin, MD
Expertise: Benign and Malignant Hematology
Locations: GB, HP, SK

(continued)



Gustavo Rodriguez, MD
Division Head, Gynecologic Oncology
Expertise: Gynecologic Oncology
Location: EVK



Carol Rosenberg, MD
Director, Preventive Health Initiatives; Director, Myra Rubinstein Weis Living in the Future (LIFE) Cancer Survivorship Program
Expertise: Cancer Survivorship
Location: HPH



Poornima Saha, MD
Expertise: Breast Cancer
Locations: EVK, HPK, LB



Akhil Seth, MD
Expertise: Breast Reconstruction; Aesthetic Breast and Body Surgery; Oncologic and Complex Wound Reconstruction
Location: NMB



Arif Shaikh, MD
Expertise: Stereotactic Radiosurgery; Head and Neck Cancers; Lung Cancer; Gynecologic and Breast Tumors
Locations: EH, GBH



Daniel Shevrin, MD
Medical Director, Glenbrook Kellogg Cancer Center
Expertise: Prostate Cancer; Genitourinary Cancer
Locations: EVK, GBK



Michael Shinnars, MD
Expertise: Otolaryngology/Neurotology; Lateral Skull Base Surgery
Locations: EV, NMB



Mark Sisco, MD
Division Head, Plastic and Reconstructive Surgery
Expertise: Plastic Surgery; Breast Reconstruction
Location: NMB



Norm Smith, MD
Expertise: Bladder Cancer, Testicular Cancer, Kidney Cancer, Advanced Urologic Cancers, Hematuria
Locations: EV, GB



James Spitz, MD
Expertise: Colon and Rectal Surgery; Colonoscopy; General Surgery
Locations: GBM, SK, VH



Mark Talamonti, MD
Department Chair, Surgery
Expertise: Gastrointestinal Surgical Oncology; Pancreatic Cancer; Primary and Metabolic Liver Tumors; Neuroendocrine Tumors; Foregut Cancers of the Esophagus; Sarcoma
Location: EVK



Leslie Mendoza Temple, MD
Expertise: Integrative Medicine
Location: GP



Michael Ujiki, MD
Division Head, Gastrointestinal & General Surgery
Expertise: Gastrointestinal Surgical Oncology including Stomach and Esophagus; Minimally Invasive Endoscopic Surgery; Weight Loss Surgery; General Surgery
Locations: EV, GBM



Elaine Lee Wade, MD
Expertise: Breast Cancer; Benign Hematology
Location: GBK



Jason Waldinger, MD
Expertise: Skin Cancer, General Dermatology, Laser Procedures
Location: LB



Lauren Wiebe, MD
Expertise: Palliative Medicine; GI Oncology
Locations: EH, GB



David J. Winchester, MD
Associate Director for Surgical Specialties, Kellogg Cancer Center
Expertise: Surgical Oncology with Emphasis on Breast, Endocrine, Melanoma and Sarcoma
Locations: EV, EVB, GBB, GBM



Ricky Wong, MD
Expertise: Brain, Skull and Pituitary Tumors
Locations: EV, GB



Katharine Yao, MD
Division Head of Surgical Oncology
Expertise: Breast Cancer; Breast Health; Breast Disease and Surgery
Locations: EVB, EVK

LOCATIONS

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680 North Lake Shore Drive, Suite 924
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Evanston Breast Center (EVB)
2650 Ridge Avenue, Evanston, IL 60201

Evanston Hospital (EH)
2650 Ridge Avenue, Evanston, IL 60201

Evanston Kellogg Cancer Center (EVK)
2650 Ridge Avenue, Evanston, IL 60201

Evanston Specialty Suites (EV)
1000 Central Street, Evanston, IL 60201

Glenbrook Breast Center (GBB)
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Glenview, IL 60026

Glenbrook Hospital (GBH)
2100 Pfingsten Road, Glenview, IL 60026

Glenbrook John and Carol Walter Ambulatory Care Center (GB)
2180 Pfingsten Road, Glenview, IL 60026

Glenbrook Kellogg Cancer Center (GBK)
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Glenview, IL 60026

Glenbrook Medical Building (GBM)
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Glenview, IL 60026

Glenview Park Center (GP)
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Gurnee Ambulatory Care Center (GR)
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757 Park Avenue West, Highland Park, IL 60035

Highland Park Breast Center (HPB)
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Highland Park, IL 60035

Highland Park Hospital (HPH)
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Highland Park, IL 60035

Highland Park Kellogg Cancer Center (HPK)—Ellen Marks Ambulatory Care Center
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Highland Park, IL 60035

Highland Park Medical Building (HP)
767 Park Avenue West, Suite B100
Highland Park, IL 60035

Lake Bluff Medical Building (LB)
71 Waukegan Road, Suite 700
Lake Bluff, IL 60044

Lincolnshire Medical Building (LS)
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Lincolnshire, IL 60069

Mount Prospect Medical Building (MP)
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NorthShore Medical Group (HPM)—Highland Park
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Highland Park, IL 60035

NorthShore Medical Group (SKM)—Skokie
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Skokie Ambulatory Care Center (SK)
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Skokie, IL 60076

Vernon Hills Specialty Suites (VH)
225 North Milwaukee Avenue
Vernon Hills, IL 60061



Create Hope. Transform Cancer Care. Support Kellogg Cancer Center.

You likely have a family member, friend or neighbor who’s been affected by cancer. Perhaps you, too, have been affected. It’s so important for cancer patients and their families to receive the support they need for every aspect of the cancer journey.

Kellogg Cancer Center offers a powerful approach to cancer care. We harness advanced scientific knowledge and cutting-edge technology to ensure that every patient receives comprehensive, compassionate care that’s tailored to his or her specific needs.

Philanthropy helped establish Kellogg Cancer Center in 1981. Generous support from patients and their families plays a vital role in every aspect of our patient-centered approach.

Philanthropic gifts ensure that our patients receive vital support services such as nutrition counseling, psychosocial resources, financial counseling, medication assistance and survivorship services.

Donations enable our experts to pursue leading-edge research initiatives, develop more personalized treatments for our patients and expand clinical research.

How can your donation change lives? In many ways. Through your giving, NorthShore can:

- Offer emotional and practical support to more than 4,000 patients each year.
- Help our patients save more than \$1.3 million annually in prescription drug costs.
- Give our patients access to more than 100 clinical trials a year.
- Provide peace of mind to countless patients and families who are touched by Kellogg Cancer Center’s comprehensive, compassionate approach.
- Ensure that our patients have access to the most advanced therapies and diagnostic tools.

When you donate to Kellogg Cancer Center, you make a real impact for our cancer patients—your family, your friends and your neighbors.

To learn more about how you can support Kellogg Cancer Center, please call **(224) 364-7200** or visit foundation.northshore.org.

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2650 Ridge Avenue
Evanston, Illinois 60201
(847) 570-2000

Glenbrook Hospital
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Glenview, Illinois 60026
(847) 657-5800

Highland Park Hospital
777 Park Avenue West
Highland Park, Illinois 60035
(847) 432-8000

Skokie Hospital
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Medical Group
1301 Central Street
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Associate Director for Surgical Specialties,
Kellogg Cancer Center
NorthShore Cancer Committee Chairman
Board of Directors, David P. Winchester, MD,
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Matthew Adess, MD
Medical Director, Highland Park
Kellogg Cancer Center

Kristina Drabkin, DO
Physical Medicine & Rehabilitation

David Grinblatt, MD
Director, Oncology Research Program
Kellogg Cancer Center

Thomas Hensing, MD
Co-Director, Thoracic Oncology Program
Head of Quality, Kellogg Cancer Center
Deputy Division Head,
Division of Hematology and Oncology
Medical Director, Evanston Kellogg Cancer
Center

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Thoracic Oncology

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Palliative Care

Elena Moore, MD
Gynecologic Oncology

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Kellogg Cancer Center
Head, Division of Hematology/Oncology
Cancer Committee Vice-Chairman

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Urologic Oncology

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Pathology

Jennifer Paruch, MD
Gastrointestinal and General Surgery

Catherine Pesce, MD
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Vathsala Raghavan, MD
Radiation Oncology

Carol Rosenberg, MD
Director, Myra Rubinstein Weis
Living in the Future (LIFE) Cancer
Survivorship Program

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Medical Oncology

Arif Shaikh, MD
Radiation Oncology

Georgia Spear, MD
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Cancer Registry

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Hospice

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Health Systems Manager
American Cancer Society

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Kellogg Cancer Center

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Oncology Research

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Quality Coordinator
Cancer Registry

Lisa Zoberman, RDN, LDN
Oncology Nutrition
Kellogg Cancer Center

* All academic affiliations are with the University of Chicago Pritzker School of Medicine

